

SERFF Tracking Number:	FNWW-125728496	State:	Arkansas
Filing Company:	Farmers New World Life Insurance Company	State Tracking Number:	40854
Company Tracking Number:	2008-FESWL		
TOI:	L07I Individual Life - Whole	Sub-TOI:	L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Simple Whole Life		
Project Name/Number:	FESWL/		

## Filing at a Glance

Company: Farmers New World Life Insurance Company

Product Name: Simple Whole Life

SERFF Tr Num: FNWW-125728496

State: ArkansasLH

TOI: L07I Individual Life - Whole

SERFF Status: Closed

State Tr Num: 40854

Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life

Co Tr Num: 2008-FESWL

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Christine Andreason, Peter Lindstrom

Disposition Date: 11/17/2008

Date Submitted: 11/12/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: FESWL

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/17/2008

State Status Changed: 11/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please refer to the filing letter under the Supporting Documentation tab.

## Company and Contact

SERFF Tracking Number: FNWW-125728496 State: Arkansas

Filing Company: Farmers New World Life Insurance Company State Tracking Number: 40854

Company Tracking Number: 2008-FESWL

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Simple Whole Life

Project Name/Number: FESWL/

### Filing Contact Information

Christine Andreason, Contract Specialist christine\_andreason@farmersinsurance.com  
 3003 77th Ave SE (206) 275-8084 [Phone]  
 Mercer Island, WA 98040 (206) 236-6526[FAX]

### Filing Company Information

Farmers New World Life Insurance Company CoCode: 63177 State of Domicile: Washington  
 3003 77th Avenue S.E. Group Code: 212 Company Type: Life  
 Mercer Island, WA 98040 Group Name: State ID Number:  
 (206) 275-8131 ext. [Phone] FEIN Number: 91-0335750  
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### Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: Two contracts and accompanying forms to be used with these forms.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers New World Life Insurance Company	\$100.00	11/12/2008	23885838

<i>SERFF Tracking Number:</i>	<i>FNWW-125728496</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Simple Whole Life</i>		
<i>Project Name/Number:</i>	<i>FESWL/</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	11/17/2008	11/17/2008

<i>SERFF Tracking Number:</i>	<i>FNWW-125728496</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Simple Whole Life</i>		
<i>Project Name/Number:</i>	<i>FESWL/</i>		

## Disposition

Disposition Date: 11/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FNWW-125728496 State: Arkansas

Filing Company: Farmers New World Life Insurance Company State Tracking Number: 40854

Company Tracking Number: 2008-FESWL

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Simple Whole Life

Project Name/Number: FESWL/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Filing Letter		Yes
Supporting Document	Chart of replaced forms		Yes
Supporting Document	Drill Down Document		Yes
Supporting Document	Fraud Warning		Yes
Supporting Document	Illustrations		Yes
Form	Farmers EssentialLife Simple Whole Life		Yes
Form	Farmers Essentiallife Simple Whole Life-Single Premium		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Option to Purchase Additional Insurance Rider		Yes
Form	Waiver of Premium Disability Benefit Rider		Yes
Form	Owner Waiver of Premium Rider		Yes
Form	Children's Term Insurance Rider		Yes
Form	Simple Application for Life Insurance		Yes
Form	TIA Agreement		Yes
Form	Overflow Addendum		Yes
Form	Simple Application Change Acceptance		Yes
Form	Medical Questionnaire		Yes
Form	Non Medical Questionnaire		Yes
Form	Disability Questionnaire		Yes
Form	Endorsement		Yes
Form	Endorsement		Yes

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<i>Project Name/Number:</i>	<i>FESWL/</i>		

<b>Form</b>	Endorsement	Yes
<b>Form</b>	Endorsement	Yes

SERFF Tracking Number: FNWW-125728496 State: Arkansas

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Company Tracking Number: 2008-FESWL

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Simple Whole Life

Project Name/Number: FESWL/

## Form Schedule

Lead Form Number: 2008-352

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2008-352	Policy/Cont Farmers ract/Fratern EssentialLife Simple al Whole Life Certificate	Initial		44	2008-352.pdf
	2008-354	Policy/Cont Farmers Essentiallife ract/Fratern Simple Whole Life- al Single Premium Certificate	Initial		46	2008-354.pdf
	2008-100(WL)ADB	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		47	2008-100(WL)ADB.pdf
	2008-100(LT)ADB	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		46	2008-100(LT)ADB.pdf
	2008-100(JT)ADB	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen	Initial		43	2008-100(JT)ADB.pdf

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2008-100(DT)ADB	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	44	2008-100(DT)ADB.pdf
2008-100(UL)ADB	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	48	2008-100(UL)ADB.pdf
2008-171GIB	Policy/Cont Option to Purchase ract/Fratern Additional Insurance al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	46	2008-171GIB.pdf
2008-90(WL)WP	Policy/Cont Waiver of Premium ract/Fratern Disability Benefit al Rider Certificate: Amendmen t, Insert	Initial	46	2008-90(WL)WP.pdf



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<i>Project Name/Number:</i>	<i>FESWL/</i>		
	Page, Endorsement or Rider		
2008-92(WL)OWP	Policy/Cont Owner Waiver of Initial ract/Fratern Premium Rider al Certificate: Amendment, Insert Page, Endorsement or Rider	48	2008-92(WL)OWP.pdf
2008-107(WL)CTIR	Policy/Cont Children's Term Initial ract/Fratern Insurance Rider al Certificate: Amendment, Insert Page, Endorsement or Rider	50	2008-107(WL)CTIR.pdf
31-4472	Application/ Simple Application Initial Enrollment for Life Insurance Form	58	31-4472 Std.pdf
31-4473	Application/ TIA Agreement Initial Enrollment Form	58	31-4473 TIA Agreement.pdf
Overflow Addendum	Application/ Overflow Addendum Initial Enrollment Form	58	Overflow Addendum 31-4490 .pdf
51-1491	Application/ Simple Application Initial Enrollment Change Acceptance Form	54	51-1491 Simple Application Change Acceptance.pdf
51-1470	Application/ Medical Initial	44	51-1470.pdf

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Product Name: Simple Whole Life

Project Name/Number: FESWL/

# Enrollment Questionnaire Form

51-1471	Application/ Non Medical Enrollment Questionnaire Form	Initial	44	51-1471 .pdf
51-1277	Application/ Disability Enrollment Questionnaire Form	Initial	52	51-1277.pdf
2008 RPU WLEndo	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	48	2008 RPU WLEndo.pdf
2007 Redate Endo	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	82	2007 Redate Endo.pdf
Dec WLEndo	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	64	Dec WLEndo.pdf
NonNic WLEndo	Policy/Cont Endorsement ract/Fratern	Initial	59	NonNic WLEndo.pdf

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	<i>nt or Rider</i>		





**FARMERS**  
LIFE INSURANCE

Home Office: 3003 77th Ave. SE, Mercer Island, Washington 98040 / (206) 232-8400  
A STOCK COMPANY

Insured JOHN A DOE

001234567 Policy Number

In the Entire Policy Contract, references to the Policy Owner will be stated as "You" and "Your" and references to Farmers New World Life Insurance Company will be stated as "Us", "We", and "Our."

In consideration of the application and payment of premiums, We insure the person named above as the Insured in accordance with the provisions of this policy and We will pay the Proceeds Payable in the manner provided in the section titled Payment of Proceeds.

This policy's Face Amount, the amount and frequency of the Premium Payment, and other policy data are shown on the Policy Specifications page.

#### NOTICE OF YOUR RIGHT TO RETURN THIS POLICY

This policy may, at any time within 30 days after its receipt by You, be returned for cancellation by delivering it or mailing it along with a signed request for cancellation to the agent through whom it was purchased, or any agent of our company, to a branch office, or to Our Home Office at the address listed above. Such delivery or mailing of the policy and signed request for cancellation shall void the policy from the beginning and the parties shall be in the same position as if no policy or contract had been issued. You will receive an unconditional full refund of all premiums or consideration paid, including any policy fees or charges.

C. Paul Patsis  
President

Brian Kreger  
Secretary

Farmers New World Life Insurance Company

THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US. READ YOUR POLICY CAREFULLY.

## ALPHABETIC GUIDE TO YOUR POLICY

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## ADDITIONAL BENEFITS

The additional benefits, if any, shown on the Policy Specifications page are described in the riders and endorsements that follow the Settlement Privileges section.

## DEFINITIONS

This section provides definitions for capitalized terms not defined or explained elsewhere in the Entire Policy Contract.

<b>Annual Extra Premium</b>	An extra amount that is added to the premium if this policy is in a Special Premium Class. The amount of the Annual Extra Premium and the length of time for which the Annual Extra Premium applies is shown on the Policy Specifications page. The Annual Extra Premium, if any, will be reflected in the premiums provided on the Policy Specifications page.
<b>Assignment</b>	An agreement under which You transfer some or all of Your ownership rights to another party, who is called the Assignee.
<b>Attained Age</b>	The sum of the Issue Age plus the number of Policy Years completed since the Issue Date.
<b>Evidence of Insurability</b>	Information concerning any person to be insured under this policy or any attached riders, which We deem sufficient to approve an application for this policy or changes to this policy or a Reinstatement of this policy.
<b>Face Amount</b>	An amount chosen by You that is used to determine the Proceeds Payable. The actual Proceeds Payable paid upon death may be more or less than the Face Amount. Face Amount is sometimes referred to as Principal Sum.
<b>In Force</b>	In effect. An insurance policy that is In Force will provide all rights and benefits available thereunder. If the policy is not In Force there will be no rights or benefits.
<b>Insured</b>	The natural person whose life is covered under this policy.
<b>Issue Age</b>	The Insured's age as of his/her last birthday on this policy's Issue Date.
<b>Issue Date</b>	The effective date for the insurance coverage under this policy, provided the first Premium Payment has been made. Policy Months, Years, and Anniversaries are measured from the Issue Date, which is shown on the Policy Specifications page.
<b>Lapse</b>	The termination of this policy due to nonpayment of sufficient Premium Payments or loan repayments. A policy that has Lapsed provides no further benefits.
<b>Maturity Date</b>	The Maturity Date of this policy is the Policy Anniversary when the Insured's Attained Age is 121.
<b>Policy Anniversary</b>	The same day and month as the Issue Date for each succeeding year this policy remains In Force.
<b>Policy Month</b>	The period from one Monthly Policy Date (or from the Issue Date) to the next Monthly Policy Date.
<b>Monthly Policy Date</b>	The same day each month as the Issue Date for each succeeding month this policy remains In Force.
<b>Policy Year</b>	The period from one Policy Anniversary (or from the Issue Date) to the next Policy Anniversary.
<b>Premium Class</b>	An underwriting classification, which is shown on the Policy Specifications page, that is used to determine the Premium Payment.
<b>Premium Due Date</b>	The day of each month on which Your Premium Payment becomes due. The Premium Due Date is the same day of the month as the Issue Date.

## GENERAL PROVISIONS

### **Entire Policy Contract**

The Entire Policy Contract is:

1. this policy;
2. any attached applications;
3. any attached amendments and supplements to the applications;
4. any attached riders and endorsements;
5. any attached Reinstatement applications;
6. any attached application for changes;
7. any revised Policy Specifications page issued by Us; and
8. any document We send You with instructions to attach it to Your policy.

### **Change of Contract**

Any change in the terms of the Entire Policy Contract must be in writing and signed by one of Our officers. A change can be in the form of an endorsement or rider, or an amendment or supplement to an application. A copy of the change will be attached to this policy or will be sent to You to attach to Your policy. No agent has the authority to change any terms or conditions of the Entire Policy Contract.

### **Incontestability**

We rely on the statements made in any applications for this policy. We also rely on statements made in any amendments and supplements to applications. In the absence of fraud, statements made in any applications or in any amendments or supplements to applications are deemed representations and not warranties.

In addition to any other reasons permitted by law, We can contest the validity of this policy, any Reinstatement of this policy, or any attached rider, if:

1. any material misrepresentation of fact is made in any applications or any amendments or supplements to applications; and
2. a copy of the applications or amendments or supplements to applications is attached to this policy when issued or later made a part of this policy after the Issue Date.

Except for Reinstatements, We will not contest this policy after it has been In Force during the lifetime of the Insured for two years after the Issue Date. If this policy is Reinstated, We will not contest this policy based upon any statements on the Reinstatement application after it has been In Force during the lifetime of the Insured for two years after the effective date of Reinstatement.

The limits on Our rights to contest this policy do not apply to any additional benefits for disability or accidental death.

### **Suicide**

If, within two years after the Issue Date, the Insured dies by suicide, while sane or insane, We will limit the Proceeds Payable to the Premium Payments made minus any Policy Loans taken.

### **Misstatement of Age or Gender**

If the Insured's age or gender was misstated, We will adjust the Proceeds Payable. The adjusted Proceeds Payable will be that which the Premium Payments made would have purchased at the correct age or gender.

Proof of age or gender may be filed with Us at any time. Once the Insured's age or gender is established to Our satisfaction, We will use this age or gender in any settlement.

### **Internal Revenue Code**

This policy is intended to qualify as life insurance under the Internal Revenue Code. Accordingly, the provisions of this policy are to be interpreted and will be administered by Us to ensure such tax qualification.

### **Conformity to State Laws**

This policy is subject to the laws of the state in which it is issued. Any terms which are in conflict with these laws are amended to conform.

### **Nonparticipating**

This policy is Nonparticipating. It does not share in Our surplus earnings.



**Claims of Creditors** To the extent allowed by law, no benefits of this policy will be subject to any claim of legal process by any creditor.

## **OWNERSHIP**

**Policy Owner** The Policy Owner of this policy is the Insured unless:

1. another natural person or entity has been named as Policy Owner in the application; or
2. a new Policy Owner is named in accordance with the Change of Policy Owner section.

**Rights of Policy Owner** During the lifetime of the Insured, the Policy Owner may exercise all rights and privileges provided in this policy.

**Policy Co-Owner** More than one natural person or entity may be named as the Policy Owner in accordance with the Change of Policy Owner section. Such natural persons or entities shall serve as Policy Co-Owners and shall act jointly to exercise all the rights of the Policy Owner. If a Policy Co-Owner dies during the Insured's lifetime and no Successor Owner for the deceased Policy Co-Owner has been named, the remaining Policy Co-Owner(s) shall become the Policy Owner(s).

**Successor Owner** During the Insured's lifetime, the Policy Owner may name a Successor Owner to become the Policy Owner upon the Policy Owner's death. If no Successor Owner is named or the Successor Owner and Policy Owner both die before the Insured and no other Change of Policy Owner has been made, then the Insured will become the Policy Owner, unless the Insured has not reached the age of majority as established by the laws in the state in which the Insured resides, in which case the Beneficiary, in order from primary to contingent, if any is living, will become the Policy Owner(s).

**Change of Policy Owner** The Policy Owner may name a new Policy Owner, add a Policy Owner to establish Policy Co-Owners, or name a Successor Owner by notifying Us in writing while the Insured is alive, subject to any existing Assignment. When We receive acceptable signed notice, the change will take effect on the date the notice was signed. The change is subject to any action We may have taken before receiving the notice.

**Assignment** The Policy Owner may assign this policy. We are not bound by an Assignment unless the Assignment forms executed by the Policy Owner are recorded by Us. We are not responsible for the validity of an Assignment.

## **BENEFICIARY**

**Beneficiary Designation** The Beneficiary is the natural person(s) or the entity(ies) named to receive the Proceeds Payable at the Insured's death. The Beneficiary is as named in the application or as changed by Your signed request while the Insured is living.

**Change of Beneficiary** You may change the Beneficiary at any time before the Insured dies, subject to the rights of any Assignee or irrevocable beneficiary. You must sign any change request and it must be recorded by Us to be effective. The change request must be signed before the Insured's death but may be recorded by Us after the Insured's death. The change will take effect on the date it was signed, subject to any payment We make or any action taken by Us before We receive the request.

**Delay Clause** This is an optional clause. If requested, this clause provides that, if the Beneficiary dies within a specified number of days following the Insured's death (not including the date of death), the Proceeds Payable will be paid as if the Beneficiary died before the Insured. The specified number of days cannot exceed 180. You may request a Delay Clause in the application or in any acceptable signed request recorded by Us while the Insured is living. If a Delay Clause is requested and a number of days is not specified, the default is 15 days.

## PAYMENT OF PROCEEDS

### Proceeds

If the Insured dies while this policy is In Force, on receipt of satisfactory Proof of Death, We will pay the Proceeds Payable to the Beneficiary as described below, subject to any Assignment:

1. to any primary Beneficiary;
2. if no primary Beneficiary survives the Insured, We will pay the Proceeds Payable to any contingent Beneficiary who survives the Insured. Unless otherwise specified, the interest of any Beneficiary who dies before the Insured will pass to any Beneficiary in the same class (that is primary or contingent) who survives the Insured; and
3. if no Beneficiary survives the Insured, We will pay the Proceeds Payable to You or Your estate.

Payment will be made as a lump sum deposit to a draft account unless otherwise requested.

### Proof of Death

Proof of Death is proof of the Insured's death, which includes, but is not necessarily limited to, a properly completed claim form and a certified copy of the death certificate.

### Proceeds Payable

The Proceeds Payable are:

1. the Face Amount; plus
2. the amount of any Paid-Up Additions; plus
3. the amounts to be paid under the terms of any attached riders; plus
4. any part of Premium Payments made beyond the Policy Month of the Insured's death; less
5. any Policy Loans and accrued loan interest; less
6. any Premium Payments due and unpaid at the date of death; less
7. any Surrender proceeds previously paid.

We shall pay interest at 8% per year on the Proceeds Payable if payment has not been made within 30 days after receipt of Proof of Death.

## EXCESS CREDITS

### Definition

We may pay Excess Credits on this policy. Excess Credits are based on Our expectations of future investment income, mortality and administrative expenses and are declared in advance. Excess Credits are not guaranteed. We have sole discretion for determining the amount and frequency of the Excess Credits payable, if any. Policy Loans may affect the amount of the Excess Credits. Excess Credits will not be paid if this policy remains In Force under the terms of the Reduced Paid-Up Life Insurance Nonforfeiture Option.

### Paid-Up Additions

We will use the Excess Credits to buy Paid-Up Additions (paid-up whole life insurance) unless otherwise requested. The Excess Credits will be used as a net single premium at the Insured's Attained Age to determine the amount of the Paid-Up Additions. The net single premium is based on the same method of calculation as Option 2 of the guaranteed values.

The Paid-Up Additions will terminate when a Nonforfeiture Option is exercised or when this policy ends for any reason.

Paid-Up Additions may also earn Excess Credits. These will be applied in the same manner as the Excess Credits for this policy.

The Cash Value of the Paid-Up Additions is the net single premium it would take to purchase the Paid-Up Additions then In Force at the Insured's Attained Age.

**Surrender of Paid-Up Additions**

If this policy has a Cash Surrender Value, the Policy Owner may Surrender all or part of the Paid-Up Additions. However, in doing so, the amount the Policy Owner receives may not exceed this policy's Cash Surrender Value. The Paid-Up Additions Cash Value will be paid in cash.

**PREMIUMS AND REINSTATEMENTS****Premium Payments**

Premium Payments are payable in advance to Us at Our Home Office or to one of Our authorized agents. Premium Payments are not required or allowed at or beyond the Insured's Attained Age 100. Your premiums are payable in U.S. currency. We will provide a receipt upon request.

{ Premiums may be paid annually, semi-annually, quarterly, or monthly. The frequency of Premium Payments may be changed at the beginning of any Policy Year. Changing to annual payment frequency is allowed at any time by paying the balance of the Annual Premium Payment for the Policy Year. }

**Grace Period**

We allow a grace period of 31 days following the Premium Due Date of each Premium Payment. Premium Payments may be made under the Automatic Premium Loan provision as Described in the Policy Loan section. This policy will remain In Force during the Grace Period. If the Premium Payment due is not paid by the end of the 31-day Grace Period, this policy will Lapse except as provided in the Nonforfeiture Options Section.

If the Insured dies during the Grace Period, the Proceeds Payable will reflect any overdue Premium Payments.

**Reinstatement**

This policy may be Reinstated within three years of entering a Grace Period that ends with a subsequent Lapse in coverage or within 3 years of exercising the Reduced Paid-Up Life Insurance Nonforfeiture Option. Reinstatement is not allowed if this policy has been Surrendered.

We will Reinstatement any Policy Loan Balance outstanding on the date of Lapse or on the date the Reduced Paid-Up Life Insurance Nonforfeiture Option was exercised.

To Reinstatement this policy, You must:

1. provide Evidence of Insurability sufficient to demonstrate that there has been no material change in the health of any person covered under this policy or any attached riders since the Issue date;
2. pay past due Premium Payments plus interest at the rate of 6 percent per year compounded annually;
3. pay accrued loan interest from the date of Lapse or the date the Reduced Paid-Up Life Insurance Nonforfeiture Option was exercised to the next Policy Anniversary; and
4. complete the appropriate company authorization to pay all future premiums by {Monthly EFT/Credit or Debit Card}.

The effective date of the Reinstatement will be the date the Reinstatement application is approved by Us, provided that all above requirements have been satisfied and provided the Insured is living on that date.

**Automatic Reinstatement**

We will automatically Reinstatement this policy within 20 days after the end of the Grace Period if We receive all past due Premium Payments while the Insured is living.

## CASH VALUE AND CASH SURRENDER VALUE

### Cash Value

If You have not selected a Nonforfeiture Option, the Cash Value of this policy is:

1. the Cash Value shown in the Table of Guaranteed Values; plus
2. the Cash Value of any Paid-Up Additions.

### Cash Surrender Value

The Cash Surrender Value is:

1. the Cash Value; less
2. any outstanding Policy Loans and accrued loan interest; plus
3. any part of Premium Payments made beyond the Policy Month of the Surrender.

### Maturity

If this policy is In Force on the Maturity Date, the Cash Surrender Value is sent to the Policy Owner, this policy is terminated, and all coverage under the Entire Policy Contract ends.

## NONFORFEITURE OPTIONS

If You stop making Premium Payments after Your policy has a Cash Value, You may exercise one of the Nonforfeiture Options subject to the terms below.

### Option 1: Cash Surrender

On any date that this policy has a Cash Surrender Value, as defined in the Cash Surrender Value section, You may Surrender this policy for the Cash Surrender Value after We receive Your signed request together with this policy. We have the right to defer payment for up to 6 months or the period allowed by law, if less. If You Surrender this policy prior to the Insured's Attained Age 100 and this policy is not within a Grace Period this policy will terminate the first Monthly Policy Date on or after the Surrender. If You Surrender this policy during a Grace Period or at the Insured's Attained Ages 100 through 120 this policy will terminate on the date of the Surrender.

### Option 2: Reduced Paid-Up Life Insurance

This policy may continue as Paid-Up Life Insurance for a reduced Face Amount. The Cash Surrender Value will be used as a net single premium at the Insured's Attained Age to determine the Face Amount of the Reduced Paid-Up Life Insurance. The amounts of Reduced Paid-Up Life Insurance are provided in the Table of Guaranteed Values section. Since any outstanding Policy Loan and accrued loan interest have already been deducted in calculating the Cash Surrender Value, Your Policy Loan will be considered as fully repaid and will not be deducted again from any Proceeds Payable.

Reduced Paid-Up Life Insurance will have its own cash and loan privileges, but no Excess Credits will be paid. If the Reduced Paid Up Life Insurance is Surrendered, this policy will terminate on the date of the Surrender.

### Activation of Option

You may exercise one of the Nonforfeiture Options at any time prior to the end of a Grace Period by sending Us a signed request. However, the Reduced Paid-Up Life Insurance Nonforfeiture Option can only be exercised before the Insured reaches Attained Age 100. At the end of a Grace Period, if Your policy has a Cash Surrender Value and the Automatic Premium Loan provision is not in effect, We will automatically exercise Option 2.

### Effect on Riders

When an option becomes effective, all riders will end unless otherwise provided for in the rider.

## Table of Guaranteed Values

The Guaranteed Values for this policy are determined by the Issue Age and by the number of Policy Years that Premium Payments have been made. These values assume Premium Payments are made to the end of the Policy Year and that no Policy Loan exists on this policy. The Guaranteed Values on any day other than a Policy Anniversary will equal the prior Policy Year Guaranteed Value plus the additional Guaranteed Value determined on a monthly basis for each additional month this policy is In Force. The Cash Values and amounts of Reduced Paid-Up Life Insurance are for each \$1,000 of Face Amount. Excess Credits and Paid-Up Additions are not reflected in the values shown in the table.

Option		Option			Option		Option	
1	2	1	2		1	2	1	2
Cash Values	Reduced Paid-Up	Cash Values	Reduced Paid-Up		Cash Values	Reduced Paid-Up	Cash Values	Reduced Paid-Up
Issue Age 21		Issue Age 22		End of Year	Issue Age 23		Issue Age 24	
0.00	0	0.00	0	1	0.00	0	0.00	0
0.00	0	0.00	0	2	0.00	0	0.00	0
0.00	0	0.00	0	3	0.00	0	0.00	0
2.91	23	3.55	27	4	4.17	30	4.83	34
8.27	62	9.12	66	5	10.00	70	10.95	74
13.81	99	14.91	104	6	16.09	108	17.36	112
19.58	136	20.98	140	7	22.46	145	24.05	150
25.61	171	27.32	176	8	29.12	181	31.05	186
31.92	206	33.94	211	9	36.08	216	38.34	221
38.52	239	40.87	245	10	43.33	250	45.92	256
45.41	272	48.08	278	11	50.87	283	53.81	289
52.59	304	55.59	309	12	58.72	315	62.00	320
60.06	334	63.40	340	13	66.87	345	70.50	351
67.83	364	71.50	369	14	75.32	375	79.30	380
75.90	392	79.92	398	15	84.09	403	88.41	409
84.27	419	88.63	425	16	93.15	431	97.85	436
92.95	446	97.65	451	17	102.54	457	107.60	462
101.92	471	106.99	477	18	112.24	482	117.67	487
111.22	496	116.65	501	19	122.26	506	128.05	511
120.83	519	126.61	524	20	132.58	530	138.72	534
				Age				
289.59	762	286.21	753	55	282.65	744	278.90	734
364.83	819	361.80	812	60	358.62	805	355.27	797
445.42	863	442.79	858	65	440.01	853	437.08	847
Issue Age 25		Issue Age 26		End of Year	Issue Age 27		Issue Age 28	
0.00	0	0.00	0	1	0.00	0	0.00	0
0.00	0	0.00	0	2	0.00	0	0.00	0
0.00	0	0.00	0	3	0.43	3	1.06	7
5.54	37	6.35	41	4	7.24	45	8.22	50
11.98	78	13.11	82	5	14.36	86	15.68	91
18.72	117	20.19	121	6	21.77	126	23.44	131
25.75	154	27.56	159	7	29.48	164	31.52	169
33.08	191	35.22	196	8	37.51	201	39.90	206
40.70	227	43.20	232	9	45.84	237	48.60	242
48.63	261	51.48	266	10	54.49	271	57.61	277
56.87	294	60.08	299	11	63.44	304	66.94	310
65.41	326	68.98	331	12	72.71	336	76.60	341
74.27	356	78.19	362	13	82.31	367	86.58	372
83.43	386	87.74	391	14	92.23	396	96.89	401
92.91	414	97.60	419	15	102.47	424	107.51	429
102.72	441	107.78	446	16	113.03	452	118.43	456
112.85	467	118.27	472	17	123.88	477	129.65	482
123.28	492	129.06	497	18	135.04	502	141.19	507
134.01	516	140.15	521	19	146.50	526	153.04	530
145.03	539	151.55	544	20	158.28	548	165.28	553
				Age				
274.96	724	270.82	713	55	266.48	701	261.92	689
351.75	789	348.05	781	60	344.17	772	340.09	763
434.00	841	430.77	835	65	427.39	828	423.82	822

Option		Option			Option		Option	
1	2	1	2		1	2	1	2
Cash Values	Reduced Paid-Up	Cash Values	Reduced Paid-Up		Cash Values	Reduced Paid-Up	Cash Values	Reduced Paid-Up
Issue Age 29		Issue Age 30		End of Year	Issue Age 31		Issue Age 32	
0.00	0	0.00	0	1	0.00	0	0.00	0
0.00	0	0.00	0	2	0.00	0	0.00	0
1.72	11	2.39	14	3	3.06	17	3.73	20
9.23	54	10.25	57	4	11.30	61	12.36	64
17.04	95	18.43	99	5	19.86	103	21.31	106
25.17	135	26.93	139	6	28.74	143	30.58	147
33.60	174	35.75	178	7	37.94	182	40.17	186
42.36	211	44.88	216	8	47.46	220	50.11	224
51.43	247	54.33	251	9	57.32	256	60.38	260
60.82	281	64.12	286	10	67.51	290	70.98	294
70.54	314	74.24	319	11	78.03	323	81.90	327
80.59	346	84.69	351	12	88.87	355	93.14	359
90.96	377	95.45	381	13	100.02	386	104.69	389
101.65	406	106.52	411	14	111.49	415	116.55	418
112.64	434	117.90	438	15	123.26	442	128.74	446
123.94	461	129.58	465	16	135.36	469	141.33	473
135.55	487	141.60	491	17	147.85	495	154.36	499
147.49	511	154.00	515	18	160.78	520	167.83	524
159.80	535	166.84	539	19	174.14	543	181.70	548
172.55	558	180.10	562	20	187.92	566	195.96	571
				Age				
257.08	677	251.95	663	55	246.51	649	240.75	634
335.76	754	331.17	743	60	326.31	732	321.16	721
420.05	814	416.04	806	65	411.80	798	407.30	790
Issue Age 33		Issue Age 34		End of Year	Issue Age 35		Issue Age 36	
0.00	0	0.00	0	1	0.00	0	0.00	0
0.00	0	0.00	0	2	0.00	0	0.00	0
4.42	23	5.12	26	3	5.83	28	6.54	31
13.44	67	14.55	70	4	15.66	73	16.82	75
22.78	110	24.30	113	5	25.85	116	27.45	118
32.45	150	34.40	154	6	36.39	157	38.43	160
42.47	190	44.84	193	7	47.26	196	49.73	199
52.82	227	55.62	231	8	58.46	234	61.36	237
63.51	263	66.72	267	9	69.98	270	73.32	273
74.52	298	78.14	301	10	81.83	304	85.59	307
85.85	331	89.88	334	11	93.99	338	98.22	341
97.49	363	101.94	366	12	106.50	369	111.24	372
109.45	393	114.34	396	13	119.41	400	124.73	403
121.74	422	127.13	426	14	132.77	429	138.67	433
134.43	450	140.38	454	15	146.58	458	153.03	461
147.56	477	154.07	481	16	160.81	485	167.79	489
161.14	503	168.17	507	17	175.44	511	182.92	515
175.13	528	182.67	532	18	190.42	536	198.39	540
189.50	552	197.52	556	19	205.75	560	214.14	564
204.23	575	212.72	579	20	221.36	583	230.16	586
				Age				
234.64	618	228.19	601	55	221.36	583	214.14	564
315.70	709	309.93	696	60	303.83	682	297.37	667
402.54	780	397.50	771	65	392.17	760	386.54	749

### Method of Calculation

The guaranteed values for Cash Values and Reduced Paid-Up Life Insurance are based on the 2001 Commissioners Standard Ordinary Male Nonsmoker Ultimate Mortality Tables, age last birthday, assuming death occurs at the end of the Policy Year. All values are calculated using a 4.25% interest rate. The guaranteed values for any Policy Year not shown will be provided upon request. The guaranteed values under this policy are not less than the minimums required by the Standard Nonforfeiture Law of the state in which this policy is issued. A statement of the method of calculation has been filed with the insurance department of the state in which this policy is issued.

**Reserve Basis** The reserves for this policy are calculated using the 2001 Commissioners Standard Ordinary Male Nonsmoker Ultimate Mortality Tables, age last birthday, and the Commissioners Reserve Valuation Method. The statutory valuation interest rate does not exceed the maximum rate allowed by the valuation law of the state in which the policy is issued.

## POLICY LOANS

**Policy Loans** While this policy is In Force, You may take out a loan against the Cash Surrender Value for all or part of the Loan Value Available. This policy is used as sole security for the outstanding Policy Loan. The loan amount requested must be at least \$250. We may defer payment of a Policy Loan for up to six months except to pay premiums.

**Loan Value Available** The Loan Value Available is:

1. the Cash Surrender Value; less
2. all unpaid Premium Payments due before the next Policy Anniversary; less
3. any additional loan interest due on the next Policy Anniversary.

**Policy Loan Balance** The Policy Loan Balance is:

1. the sum of Policy Loans taken; plus
2. accrued loan interest; minus
3. the sum of Loan Repayments.

**Loan Interest Rate** Interest accrues daily on the Policy Loan. The maximum Loan Interest Rate is eight percent (8%) per year, compounded annually. Interest is due at the end of each Policy Year or, if earlier, on the date of any Policy Loan increase, Policy Loan repayment, Surrender, or activation of a Nonforfeiture Option. Interest not paid when due is added to the Policy Loan and accrues interest.

We may change the Loan Interest Rate, but it will never exceed the maximum rate. We will notify You of any increase in Loan Interest Rate at least 30 days before the new rate becomes effective.

**Loan Repayment** You may repay all or part of the Policy Loan Balance at any time before the Insured's death or before any Nonforfeiture Option is exercised. Any loan repayment must be for at least \$25 or the Policy Loan Balance, if less.

**Unpaid Loans** We will deduct any unpaid Policy Loan Balance from the Cash Surrender Value and Proceeds Payable. Failure to repay a Policy Loan or the loan interest shall not terminate this policy unless the Policy Loan Balance equals or exceeds the Cash Value and not until 31 days after notice is mailed by Us to Your last known address and the last known address of any Assignee.

**Automatic Premium Loan** Past due Premium Payments for this policy and any riders are paid automatically by Policy Loan if:

1. You make a signed request in the application or before the Grace Period ends; and
2. You have not revoked the Automatic Premium Loan option in writing; and
3. this policy has enough Cash Surrender Value to pay for at least one day's insurance premium.

Premium Payments may be resumed at any time while this policy stays In Force under this provision.

## ANNUAL REPORT

**Annual Report** Within three months after the Policy Anniversary date, We will provide an Annual Report to You at Your last known address. This report will show the amount of:

1. Excess Credits in the past Policy Year;
2. Paid-Up Additions;
3. Cash Value; and
4. Cash Surrender Value.

You may request the most recent copy of the Annual Report at any time other than the scheduled interval. We may charge a fee not to exceed \$25 for this requested Annual Report.

## SETTLEMENT PRIVILEGES

### Settlement

The proceeds of this policy will be paid as a lump sum deposit to a draft account unless otherwise requested.

In lieu of a single lump sum payment, You or the Beneficiary, as appropriate, may select Settlement under a Settlement Option. Any Settlement Option requires the proceeds to be at least \$2,500 and any periodic payments to be at least \$25. The first installment will be due or interest will begin on the date of death.

When You select a Settlement, the Beneficiary may not assign or receive payments before they are due unless expressly authorized by You.

### Payee

The Beneficiary is the Payee under the Settlement Option. A Payee may name a contingent Payee to receive any final amount that would otherwise be paid to the estate of the Payee.

### Settlement Options

The Settlement Options for this policy are shown below. The amounts and interest rates shown below are based on the guaranteed minimum settlement option interest rate and guaranteed minimum mortality rates. Our current rates may be higher. Information regarding current rates is available from Our Home Office.

**For all Settlement Options:** If the Payee dies before We have paid all funds available under the chosen Settlement Option, We will pay any remaining amount to the Payee's properly designated contingent Payee or, if no contingent Payee survives the Payee or none is elected, to the estate of the Payee.

**Interest Accumulation Settlement Option** – Proceeds will earn interest at a rate not less than 2.5% per year compounded annually.

The Payee may withdraw these funds at any time. We will not retain these funds under this option longer than five years. However, if the Payee has not reached the age of majority as established by the law in the state in which the Payee resides, We may retain these funds until the Payee attains the age of majority.

If no contingent Payee exists then we will pay the remaining amount to the Payee's estate.

**Interest Income Settlement Option** – Each \$1,000 of proceeds will yield an income of not less than \$25 annually, \$12.42 semi-annually, \$6.19 quarterly, or \$2.05 monthly.

Unless the Payee has not reached the age of majority as established by the law in the state in which the Payee resides, the Payee may withdraw the proceeds at any time. After the first year, We may defer such withdrawal for up to six months.

**Income for a Specified Period Settlement Option (Income Period Certain)-** We will pay installments for a specified period. The amount of each installment per \$1,000 of proceeds will not be less than those shown in the table below.

Number of Installments	Amount of Each Monthly Installment	Number of Installments	Amount of Each Monthly Installment
12	\$84.27	96	\$11.46
24	42.66	108	10.31
36	28.78	120	9.39
48	21.85	180	6.64
60	17.69	240	5.27
72	14.92	300	4.46
84	12.94		

**Income of a Specified Amount Settlement Option (Income Amount Certain)** – We will pay installments of a specified amount until the proceeds, together with not less than 2.5% interest compounded annually, are paid in full.



**Income for Life With a Guaranteed Minimum Number of Installments Settlement Option (Income Life)** – We will pay installments for the lifetime of the Payee but for not less than a guaranteed number of installments. The amount of each installment will depend upon the adjusted age and gender of the Payee at the time the first payment is due. The adjusted age is determined by calculating the age at the nearest birthday of the Payee on the date of the first payment and subtracting a number that depends on the year in which the first payment begins:

First Payment Due	Adjusted Age is Age Minus
Prior to 2011	1
2011 to 2020	2
2021 to 2030	3
2031 to 2040	4
After 2040	5

AMOUNT OF EACH MONTHLY INSTALLMENT (Per \$1,000 of Proceeds)							
Adjusted Age of Male Payee	Number of Installments Guaranteed			Adjusted Age of Female Payee	Number of Installments Guaranteed		
	60	120	240		60	120	240
0	2.42	2.41	2.41	0	2.37	2.37	2.37
1	2.42	2.42	2.42	1	2.38	2.37	2.37
2	2.43	2.43	2.43	2	2.38	2.38	2.38
3	2.44	2.44	2.44	3	2.39	2.39	2.39
4	2.45	2.45	2.45	4	2.40	2.40	2.40
5	2.46	2.46	2.46	5	2.41	2.41	2.41
6	2.47	2.47	2.47	6	2.42	2.42	2.42
7	2.49	2.48	2.48	7	2.43	2.43	2.43
8	2.50	2.50	2.49	8	2.44	2.44	2.44
9	2.51	2.51	2.51	9	2.45	2.45	2.45
10	2.52	2.52	2.52	10	2.46	2.46	2.46
11	2.54	2.54	2.53	11	2.47	2.47	2.47
12	2.55	2.55	2.55	12	2.49	2.49	2.48
13	2.56	2.56	2.56	13	2.50	2.50	2.50
14	2.58	2.58	2.57	14	2.51	2.51	2.51
15	2.59	2.59	2.59	15	2.53	2.53	2.52
16	2.61	2.61	2.60	16	2.54	2.54	2.54
17	2.63	2.63	2.62	17	2.55	2.55	2.55
18	2.64	2.64	2.64	18	2.57	2.57	2.57
19	2.66	2.66	2.65	19	2.58	2.58	2.58
20	2.68	2.68	2.67	20	2.60	2.60	2.60
21	2.70	2.70	2.69	21	2.62	2.62	2.61
22	2.72	2.72	2.71	22	2.63	2.63	2.63
23	2.74	2.74	2.73	23	2.65	2.65	2.65
24	2.76	2.76	2.75	24	2.67	2.67	2.67
25	2.78	2.78	2.77	25	2.69	2.69	2.68
26	2.80	2.80	2.80	26	2.71	2.71	2.70
27	2.83	2.83	2.82	27	2.73	2.73	2.72
28	2.85	2.85	2.84	28	2.75	2.75	2.75
29	2.88	2.88	2.87	29	2.77	2.77	2.77
30	2.91	2.90	2.89	30	2.80	2.80	2.79
31	2.93	2.93	2.92	31	2.82	2.82	2.81
32	2.96	2.96	2.95	32	2.85	2.84	2.84
33	2.99	2.99	2.98	33	2.87	2.87	2.86
34	3.03	3.02	3.01	34	2.90	2.90	2.89
35	3.06	3.06	3.04	35	2.93	2.93	2.92
36	3.09	3.09	3.07	36	2.96	2.96	2.95
37	3.13	3.13	3.11	37	2.99	2.99	2.98
38	3.17	3.17	3.14	38	3.02	3.02	3.01
39	3.21	3.21	3.18	39	3.05	3.05	3.04
40	3.25	3.25	3.22	40	3.09	3.09	3.07
41	3.3	3.29	3.26	41	3.13	3.12	3.11
42	3.34	3.34	3.30	42	3.17	3.16	3.14
43	3.39	3.38	3.34	43	3.21	3.20	3.18
44	3.44	3.43	3.38	44	3.25	3.24	3.22

Adjusted Age of Male Payee	Number of Installments Guaranteed			Adjusted Age of Female Payee	Number of Installments Guaranteed		
	60	120	240		60	120	240
45	3.50	3.49	3.43	45	3.29	3.29	3.26
46	3.55	3.54	3.48	46	3.34	3.33	3.30
47	3.61	3.59	3.53	47	3.39	3.38	3.35
48	3.67	3.65	3.58	48	3.44	3.43	3.39
49	3.73	3.71	3.63	49	3.50	3.49	3.44
50	3.80	3.78	3.69	50	3.55	3.54	3.49
51	3.87	3.85	3.74	51	3.61	3.60	3.54
52	3.94	3.92	3.80	52	3.67	3.66	3.60
53	4.02	3.99	3.86	53	3.74	3.73	3.65
54	4.10	4.07	3.92	54	3.81	3.79	3.71
55	4.19	4.15	3.98	55	3.88	3.86	3.77
56	4.28	4.24	4.05	56	3.96	3.94	3.83
57	4.37	4.33	4.11	57	4.04	4.02	3.90
58	4.47	4.42	4.18	58	4.13	4.10	3.97
59	4.58	4.52	4.24	59	4.22	4.19	4.03
60	4.70	4.63	4.31	60	4.32	4.28	4.10
61	4.82	4.74	4.38	61	4.42	4.38	4.18
62	4.95	4.85	4.45	62	4.53	4.48	4.25
63	5.09	4.98	4.51	63	4.65	4.59	4.32
64	5.23	5.11	4.58	64	4.77	4.71	4.40
65	5.39	5.24	4.65	65	4.90	4.83	4.47
66	5.55	5.38	4.71	66	5.04	4.96	4.54
67	5.73	5.53	4.77	67	5.20	5.09	4.62
68	5.91	5.68	4.83	68	5.36	5.23	4.69
69	6.11	5.83	4.88	69	5.53	5.38	4.76
70	6.32	6.00	4.93	70	5.71	5.54	4.82
71	6.54	6.16	4.98	71	5.91	5.71	4.88
72	6.77	6.33	5.03	72	6.13	5.88	4.94
73	7.01	6.51	5.06	73	6.35	6.06	4.99
74	7.27	6.68	5.10	74	6.60	6.25	5.04
75	7.54	6.86	5.13	75	6.86	6.45	5.08
76	7.83	7.04	5.16	76	7.14	6.64	5.12
77	8.13	7.22	5.18	77	7.43	6.85	5.15
78	8.44	7.40	5.20	78	7.75	7.05	5.18
79	8.77	7.57	5.22	79	8.09	7.26	5.20
80 and over	9.11	7.74	5.24	80 and over	8.44	7.46	5.22

We have the right to require evidence that the Payee is living on the date of any payment made after the guaranteed number of installments.

Farmers New World Life Insurance Company  
Policy Specifications  
Prepared on: 09/01/2008

Insured: [JOHN DOE] Face Amount: [\$250,000]  
 Policy Number: [007002209U]  
 Issue Date: [September 1, 2008] Issue Age: [35] Gender: [Male]  
 Maturity Date: [September 1, XXXX]  
 Policy Co-Owner:  
 Policy Co-Owner:  
 Policy Co-Owner:

Premium Class: [Select Plus Non-Nicotine]

Premiums	[Annual]	[Semi - annual]	[Quarterly]	[Monthly]	[Monthly EFT /Credit or Debit Card]
Initial Premium Payment	[\$XXX. XX]	[\$XXX. XX]	[\$XXX. XX]	[\$XX. XX]	[\$XX. XX]

[You have selected to pay by Monthly EFT/Credit or Debit Card.]

SCHEDULE OF BENEFITS

	Amount	Annual Premium	Premium Payable
Whole Life Insurance	[\$250,000]	[\$XXX. XX]	To Attained Age 100
Accidental Death Benefit	[\$150,000]	[\$XXX. XX]	To Attained Age 70
Guaranteed Insurability Benefit Rider	[\$25,000]	[\$XXX. XX]	To Attained Age 40
Waiver of Premium		[\$XXX. XX]	To Attained Age 60
Children's Term Rider	[\$10,000/Child]	[\$XXX. XX]	To earlier of Insured's Attained Age 65 or youngest Insured Child's 22 <sup>nd</sup> birthday
<b>TOTAL PREMIUM</b>		<b>[XXX. XX]</b>	

Accelerated Benefit Rider for Terminal Illness added at no additional premium.



**FARMERS**  
LIFE INSURANCE

Home Office: 3003 77th Ave. SE, Mercer Island, Washington 98040 / (206) 232-8400  
A STOCK COMPANY

Insured JOHN A DOE

001234567 Policy Number

In the Entire Policy Contract, references to the Policy Owner will be stated as "You" and "Your" and references to Farmers New World Life Insurance Company will be stated as "Us", "We", and "Our."

In consideration of the application and payment of initial premium, We insure the person named above as the Insured in accordance with the provisions of this policy and We will pay the Proceeds Payable in the manner provided in the section titled Payment of Proceeds.

This policy's Face Amount, the Single Premium, and other policy data are shown on the Policy Specifications page.

#### NOTICE OF YOUR RIGHT TO RETURN THIS POLICY

This policy may, at any time within 30 days after its receipt by You, be returned for cancellation by delivering it or mailing it along with a signed request for cancellation to the agent through whom it was purchased, or any agent of our company, to a branch office, or to Our Home Office at the address listed above. Such delivery or mailing of the policy and signed request for cancellation shall void the policy from the beginning and the parties shall be in the same position as if no policy or contract had been issued. You will receive an unconditional full refund of all premiums or consideration paid, including any policy fees or charges.

C. Paul Patsis  
President

Brian Kreger  
Secretary

Farmers New World Life Insurance Company

THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US. READ YOUR POLICY CAREFULLY.

## ALPHABETIC GUIDE TO YOUR POLICY

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## ADDITIONAL BENEFITS

The additional benefits, if any, shown on the Policy Specifications page are described in the riders and endorsements that follow the Settlement Privileges section.

## DEFINITIONS

This section provides definitions for capitalized terms not defined or explained elsewhere in the Entire Policy Contract.

<b>Assignment</b>	An agreement under which You transfer some or all of Your ownership rights to another party, who is called the Assignee.
<b>Attained Age</b>	The sum of the Issue Age plus the number of Policy Years completed since the Issue Date.
<b>Evidence of Insurability</b>	Information concerning any person to be insured under this policy or any attached riders, which We deem sufficient to approve an application for this policy or changes to this policy or a Reinstatement of this policy.
<b>Extra Premium</b>	An extra amount that is added to the Single Premium if this policy is in a Special Premium Class. The amount of the Extra Premium is shown on the Policy Specifications page. The Extra Premium, if any, will be reflected in the Total Premium provided on the Policy Specifications page.
<b>Face Amount</b>	An amount chosen by You that is used to determine the Proceeds Payable. The actual Proceeds Payable paid upon death may be more or less than the Face Amount. Face Amount is sometimes referred to as Principal Sum.
<b>In Force</b>	In effect. An insurance policy that is In Force will provide all rights and benefits available there under. If the policy is not In Force there will be no rights or benefits.
<b>Insured</b>	The natural person whose life is covered under this policy.
<b>Issue Age</b>	The Insured's age as of his/her last birthday on this policy's Issue Date.
<b>Issue Date</b>	The effective date for the insurance coverage under this policy, provided the Single Premium has been paid. Policy Months, Years, and Anniversaries are measured from the Issue Date, which is shown on the Policy Specifications page.
<b>Lapse</b>	The termination of this policy due to nonpayment of sufficient loan repayments. A policy that has Lapsed provides no further benefits.
<b>Maturity Date</b>	The Maturity Date of this policy is the Policy Anniversary when the Insured's Attained Age is 121.
<b>Policy Anniversary</b>	The same day and month as the Issue Date for each succeeding year this policy remains In Force.
<b>Policy Month</b>	The period from one Monthly Policy Date (or from the Issue Date) to the next Monthly Policy Date.
<b>Monthly Policy Date</b>	The same day each month as the Issue Date for each succeeding month this policy remains In Force.
<b>Policy Year</b>	The period from one Policy Anniversary (or from the Issue Date) to the next Policy Anniversary.
<b>Premium Class</b>	An underwriting classification, which is shown on the Policy Specifications page, that is used to determine the Single Premium.

## GENERAL PROVISIONS

<b>Entire Policy Contract</b>	<p>The Entire Policy Contract is:</p> <ol style="list-style-type: none"><li>1. this policy;</li><li>2. any attached applications;</li><li>3. any attached amendments and supplements to the applications;</li><li>4. any attached riders and endorsements;</li><li>5. any attached Reinstatement applications;</li><li>6. any attached application for changes;</li><li>7. any revised Policy Specifications page issued by Us; and</li><li>8. any document We send You with instructions to attach it to Your policy.</li></ol>
<b>Change of Contract</b>	<p>Any change in the terms of the Entire Policy Contract must be in writing and signed by one of Our officers. A change can be in the form of an endorsement or rider, or an amendment or supplement to an application. A copy of the change will be attached to this policy or will be sent to You to attach to Your policy. No agent has the authority to change any terms or conditions of the Entire Policy Contract.</p>
<b>Incontestability</b>	<p>We rely on the statements made in any applications for this policy. We also rely on statements made in any amendments and supplements to applications. In the absence of fraud, statements made in any applications or in any amendments or supplements to applications are deemed representations and not warranties.</p> <p>In addition to any other reasons permitted by law, We can contest the validity of this policy, any Reinstatement of this policy, or any attached rider, if:</p> <ol style="list-style-type: none"><li>1. any material misrepresentation of fact is made in any applications or any amendments or supplements to applications; and</li><li>2. a copy of the applications or amendments or supplements to applications is attached to this policy when issued or later made a part of this policy after the Issue Date.</li></ol> <p>Except for Reinstatements, We will not contest this policy after it has been In Force during the lifetime of the Insured for two years after the Issue Date. If this policy is Reinstated, We will not contest this policy based upon any statements on the Reinstatement application after it has been In Force during the lifetime of the Insured for two years after the effective date of Reinstatement.</p> <p>The limits on Our rights to contest this policy do not apply to any additional benefits for disability or accidental death.</p>
<b>Suicide</b>	<p>If, within two years after the Issue Date, the Insured dies by suicide, while sane or insane, We will limit the Proceeds Payable to the Single Premium paid minus any Policy Loans taken.</p>
<b>Misstatement of Age or Gender</b>	<p>If the Insured's age or gender was misstated, We will adjust the Proceeds Payable. The adjusted Proceeds Payable will be that which the Single Premium would have purchased at the correct age or gender.</p> <p>Proof of age or gender may be filed with Us at any time. Once the Insured's age or gender is established to Our satisfaction, We will use this age or gender in any settlement.</p>
<b>Internal Revenue Code</b>	<p>This policy is intended to qualify as life insurance under the Internal Revenue Code. Accordingly, the provisions of this policy are to be interpreted and will be administered by Us to ensure such tax qualification.</p>
<b>Conformity to State Laws</b>	<p>This policy is subject to the laws of the state in which it is issued. Any terms which are in conflict with these laws are amended to conform.</p>
<b>Nonparticipating</b>	<p>This policy is Nonparticipating. It does not share in Our surplus earnings.</p>
<b>Claims of Creditors</b>	<p>To the extent allowed by law, no benefits of this policy will be subject to any claim of legal process by any creditor.</p>

## OWNERSHIP

<b>Policy Owner</b>	The Policy Owner of this policy is the Insured unless: <ol style="list-style-type: none"><li>1. another natural person or entity has been named as Policy Owner in the application; or</li><li>2. a new Policy Owner is named in accordance with the Change of Policy Owner section.</li></ol>
<b>Rights of Policy Owner</b>	During the lifetime of the Insured, the Policy Owner may exercise all rights and privileges provided in this policy.
<b>Policy Co-Owner</b>	More than one natural person or entity may be named as the Policy Owner in accordance with the Change of Policy Owner section. Such natural persons or entities shall serve as Policy Co-Owners and shall act jointly to exercise all the rights of the Policy Owner. If a Policy Co-Owner dies during the Insured's lifetime and no Successor Owner for the deceased Policy Co-Owner has been named, the remaining Policy Co-Owner(s) shall become the Policy Owner(s).
<b>Successor Owner</b>	During the Insured's lifetime, the Policy Owner may name a Successor Owner to become the Policy Owner upon the Policy Owner's death. If no Successor Owner is named or the Successor Owner and Policy Owner both die before the Insured and no other Change of Policy Owner has been made, then the Insured will become the Policy Owner, unless the Insured has not reached the age of majority as established by the laws in the state in which the Insured resides, in which case the Beneficiary, in order from primary to contingent, if any is living, will become the Policy Owner(s).
<b>Change of Policy Owner</b>	The Policy Owner may name a new Policy Owner, add a Policy Owner to establish Policy Co-Owners, or name a Successor Owner by notifying Us in writing while the Insured is alive, subject to any existing Assignment. When We receive acceptable signed notice, the change will take effect on the date the notice was signed. The change is subject to any action We may have taken before receiving the notice.
<b>Assignment</b>	The Policy Owner may assign this policy. We are not bound by an Assignment unless the Assignment forms executed by the Policy Owner are recorded by Us. We are not responsible for the validity of an Assignment.

## BENEFICIARY

<b>Beneficiary Designation</b>	The Beneficiary is the natural person(s) or the entity(ies) named to receive the Proceeds Payable at the Insured's death. The Beneficiary is as named in the application or as changed by Your signed request while the Insured is living.
<b>Change of Beneficiary</b>	You may change the Beneficiary at any time before the Insured dies, subject to the rights of any Assignee or irrevocable beneficiary. You must sign any change request and it must be recorded by Us to be effective. The change request must be signed before the Insured's death but may be recorded by Us after the Insured's death. The change will take effect on the date it was signed, subject to any payment We make or any action taken by Us before We receive the request.
<b>Delay Clause</b>	This is an optional clause. If requested, this clause provides that, if the Beneficiary dies within a specified number of days following the Insured's death (not including the date of death), the Proceeds Payable will be paid as if the Beneficiary died before the Insured. The specified number of days cannot exceed 180. You may request a Delay Clause in the application or in any acceptable signed request recorded by Us while the Insured is living. If a Delay Clause is requested and a number of days is not specified, the default is 15 days.



## PAYMENT OF PROCEEDS

### Proceeds

If the Insured dies while this policy is In Force, on receipt of satisfactory Proof of Death, We will pay the Proceeds Payable to the Beneficiary as described below, subject to any Assignment:

1. to any primary Beneficiary;
2. if no primary Beneficiary survives the Insured, We will pay the Proceeds Payable to any contingent Beneficiary who survives the Insured. Unless otherwise specified, the interest of any Beneficiary who dies before the Insured will pass to any Beneficiary in the same class (that is primary or contingent) who survives the Insured; and
3. if no Beneficiary survives the Insured, We will pay the Proceeds Payable to You or Your estate.

Payment will be made as a lump sum deposit to a draft account unless otherwise requested.

### Proof of Death

Proof of Death is proof of the Insured's death, which includes, but is not necessarily limited to, a properly completed claim form and a certified copy of the death certificate.

### Proceeds Payable

The Proceeds Payable are:

1. the Face Amount; plus
2. the amount of any Paid-Up Additions; plus
3. the amounts to be paid under the terms of any attached riders; less
4. any Policy Loans and accrued loan interest; less
5. any remaining balance of the Single Premium due and unpaid at the date of death; less
6. any Surrender proceeds previously paid.

We shall pay interest at 8% per year on the Proceeds Payable if payment has not been made within 30 days after receipt of Proof of Death.

## EXCESS CREDITS

### Definition

We may pay Excess Credits on this policy. Excess Credits are based on Our expectations of future investment income, mortality and administrative expenses and are declared in advance. Excess Credits are not guaranteed. We have sole discretion for determining the amount and frequency of the Excess Credits payable, if any. Policy Loans may affect the amount of the Excess Credits.

### Paid-Up Additions

We will use the Excess Credits to buy Paid-Up Additions (paid-up whole life insurance) unless otherwise requested. The Excess Credits will be used as a net single premium at the Insured's Attained Age to determine the amount of the Paid-Up Additions. The net single premium is based on the same method of calculation as the Cash Values in the table of Guaranteed Cash Values.

The Paid-Up Additions will terminate when the policy ends for any reason.

Paid-Up Additions may also earn Excess Credits. These will be applied in the same manner as the Excess Credits for this policy.

The Cash Value of the Paid-Up Additions is the net single premium it would take to purchase the Paid-Up Additions then In Force at the Insured's Attained Age.

### Surrender of Paid-Up Additions

If this policy has a Cash Surrender Value, the Policy Owner may Surrender all or part of the Paid-Up Additions. The Paid-Up Additions Cash Value will be paid in cash. However, in doing so, the amount the Policy Owner receives may not exceed this policy's Cash Surrender Value.

## PREMIUMS AND REINSTATEMENTS

### Single Premium

The Single Premium for this policy is due on the Issue Date of this policy.

### Reinstatement

This policy may be Reinstated within three years of a Lapse in coverage. Reinstatement is not allowed if this policy has been Surrendered.

We will reinstate any Policy Loan Balance outstanding on the date of Lapse.

To Reinstatement this policy, We must receive:

1. Evidence of Insurability sufficient to demonstrate that there has been no material change in the health of the Insured since the Issue date; and
2. payment of accrued loan interest from the date of Lapse to the next Policy Anniversary.

The effective date of the Reinstatement will be the date the Reinstatement application is approved by Us, provided that all above requirements have been satisfied and provided the Insured is living on that date.

## CASH VALUE AND CASH SURRENDER VALUE

### Cash Value

The Cash Value of this policy is:

1. the Cash Value shown in the Table of Guaranteed Cash Values; plus
2. the Cash Value of any Paid-Up Additions.

### Cash Surrender Value

The Cash Surrender Value is:

1. the Cash Value; less
2. any outstanding policy loans and accrued loan interest.

## TABLE OF GUARANTEED CASH VALUES

The Guaranteed Cash Values for this policy are determined by Attained Age. The Cash Values are for each \$1,000 of Face Amount. Excess Credits and Paid-Up Additions are not reflected in the Cash Values shown in the table.

Guaranteed Cash Values									
Attained Age	Cash Value	Attained Age	Cash Value	Attained Age	Cash Value	Attained Age	Cash Value	Attained Age	Cash Value
0	52.71	21	113.25	42	241.70	63	487.83	84	785.64
1	54.27	22	117.22	43	250.62	64	501.97	85	797.06
2	56.14	23	121.37	44	259.79	65	516.19	86	807.92
3	58.21	24	125.69	45	269.21	66	530.51	87	818.14
4	60.46	25	130.19	46	278.89	67	544.97	88	827.69
5	62.83	26	134.86	47	288.85	68	559.58	89	836.54
6	65.31	27	139.69	48	299.12	69	574.38	90	844.70
7	67.88	28	144.72	49	309.75	70	589.34	91	852.27
8	70.56	29	149.99	50	320.75	71	604.38	92	859.41
9	73.35	30	155.49	51	332.07	72	619.42	93	866.14
10	76.26	31	161.25	52	343.71	73	634.35	94	872.42
11	79.28	32	167.26	53	355.64	74	649.20	95	878.22
12	82.39	33	173.52	54	367.84	75	663.98	96	883.63
13	85.58	34	180.04	55	380.26	76	678.69	97	888.81
14	88.85	35	186.82	56	392.89	77	693.28	98	893.71
15	92.16	36	193.85	57	405.74	78	707.66	99	898.27
16	95.48	37	201.16	58	418.84	79	721.71	100	902.36
17	98.84	38	208.73	59	432.24	80	735.38	101	906.06
18	102.26	39	216.56	60	445.89	81	748.60	102	909.69
19	105.78	40	224.67	61	459.75	82	761.37	103	913.24
20	109.44	41	233.05	62	473.75	83	773.72	104	916.69
								121	1,000.00

<b>Method of Calculation</b>	The guaranteed Cash Values are based on the 2001 Commissioners Standard Ordinary Male Nonsmoker Ultimate Mortality Tables, age last birthday, assuming death occurs at the end of the Policy Year. All values are calculated using a 4.25% interest rate. The guaranteed Cash Values under this policy are not less than the minimums required by the Standard Nonforfeiture Law of the state in which this policy is issued. A statement of the method of calculation has been filed with the insurance department of the state in which this policy is issued.
<b>Reserve Basis</b>	The reserves for this policy are calculated using the 2001 Commissioners Standard Ordinary Male Nonsmoker Ultimate Mortality Tables, age last birthday, and the Commissioners Reserve Valuation Method. The statutory valuation interest rate does not exceed the maximum rate allowed by the valuation law of the state in which the policy is issued.

## **CASH SURRENDER**

<b>Surrender</b>	On any date that this policy has a Cash Surrender Value, as defined in the Cash Surrender Value section, You may Surrender this policy for the Cash Surrender Value after We receive Your signed request together with this policy. We have the right to defer payment for up to 6 months or the period allowed by law, if less. This policy will terminate on the date of the Surrender.
<b>Maturity</b>	If this policy is In Force on the Maturity Date, the Cash Surrender Value is sent to the Policy Owner, this policy is terminated, and all coverage under the Entire Policy Contract ends.

## **POLICY LOANS**

<b>Policy Loans</b>	While this policy is In Force, You may take out a loan against the Cash Surrender Value for all or part of the Loan Value Available. This policy is used as sole security for the outstanding Policy Loan. The loan amount requested must be at least \$250. We may defer payment of a Policy Loan for up to six months.
<b>Loan Value Available</b>	The Loan Value Available is: <ol style="list-style-type: none"> <li>1. the Cash Surrender Value; less</li> <li>2. any additional loan interest due on the next Policy Anniversary date.</li> </ol>
<b>Policy Loan Balance</b>	The Policy Loan Balance is: <ol style="list-style-type: none"> <li>1. the sum of Policy Loans taken; plus</li> <li>2. accrued loan interest; minus</li> <li>3. the sum of Loan Repayments.</li> </ol>
<b>Loan Interest Rate</b>	Interest accrues daily on the Policy Loan. The maximum Loan Interest Rate is eight percent (8%) per year, compounded annually. Interest is due at the end of each Policy Year or, if earlier, on the date of any Policy Loan increase, Policy Loan repayment, or Surrender. Interest not paid when due is added to the Policy Loan and accrues interest.  We may change the Loan Interest Rate, but it will never exceed the maximum rate. We will notify You of any increase in Loan Interest Rate at least 30 days before the new rate becomes effective.
<b>Loan Repayment</b>	You may repay all or part of the Policy Loan Balance at any time before the Insured's death. Any loan repayment must be for at least \$25 or the Policy Loan Balance, if less.
<b>Unpaid Loans</b>	We will deduct any unpaid Policy Loan Balance from the Cash Surrender Value and Proceeds Payable. Failure to repay a Policy Loan or the loan interest shall not terminate this policy unless the Policy Loan Balance equals or exceeds the Cash Value and not until 31 days after notice is mailed by Us to Your last known address and the last known address of any Assignee.

## ANNUAL REPORT

### Annual Report

Within three months after the Policy Anniversary date, We will provide an Annual Report to You at Your last known address. This report will show the amount of:

1. Excess Credits in the past Policy Year;
2. Paid-Up Additions;
3. Cash Value; and
4. Cash Surrender Value.

You may request the most recent copy of the Annual Report at any time other than the scheduled interval. We may charge a fee not to exceed \$25 for this requested Annual Report.

## SETTLEMENT PRIVILEGES

### Settlement

The proceeds of this policy will be paid as a lump sum deposit to a draft account unless otherwise requested.

In lieu of a single lump sum payment, You or the Beneficiary, as appropriate, may select Settlement under a Settlement Option. Any Settlement Option requires the proceeds to be at least \$2,500 and any periodic payments to be at least \$25. The first installment will be due or interest will begin on the date of death.

When You select a Settlement, the Beneficiary may not assign or receive payments before they are due unless expressly authorized by You.

### Payee

The Beneficiary is the Payee under the Settlement Option. A Payee may name a contingent Payee to receive any final amount that would otherwise be paid to the estate of the Payee.

### Settlement Options

The Settlement Options for this policy are shown below. The amounts and interest rates shown below are based on the guaranteed minimum settlement option interest rate and guaranteed minimum mortality rates. Our current rates may be higher. Information regarding current rates is available from Our Home Office.

**For all Settlement Options:** If the Payee dies before We have paid all funds available under the chosen Settlement Option, We will pay any remaining amount to the Payee's properly designated contingent Payee or, if no contingent Payee survives the Payee or none is elected, to the estate of the Payee.

**Interest Accumulation Settlement Option** – Proceeds will earn interest at a rate not less than 2.5% per year compounded annually.

The Payee may withdraw these funds at any time. We will not retain these funds under this option longer than five years. However, if the Payee has not reached the age of majority as established by the law in the state in which the Payee resides, We may retain these funds until the Payee attains the age of majority.

If no contingent Payee exists then we will pay the remaining amount to the Payee's estate.

**Interest Income Settlement Option** – Each \$1,000 of proceeds will yield an income of not less than \$25 annually, \$12.42 semi-annually, \$6.19 quarterly, or \$2.05 monthly.

Unless the Payee has not reached the age of majority as established by the law in the state in which the Payee resides, the Payee may withdraw the proceeds at any time. After the first year, We may defer such withdrawal for up to six months.

**Income for a Specified Period Settlement Option (Income Period Certain)-** We will pay installments for a specified period. The amount of each installment per \$1,000 of proceeds will not be less than those shown in the table below.

Number of Installments	Amount of Each Monthly Installment	Number of Installments	Amount of Each Monthly Installment
12	\$84.27	96	\$11.46
24	42.66	108	10.31
36	28.78	120	9.39
48	21.85	180	6.64
60	17.69	240	5.27
72	14.92	300	4.46
84	12.94		

**Income of a Specified Amount Settlement Option (Income Amount Certain) –** We will pay installments of a specified amount until the proceeds, together with not less than 2.5% interest compounded annually, are paid in full.

**Income for Life With a Guaranteed Minimum Number of Installments Settlement Option (Income Life) –** We will pay installments for the lifetime of the Payee but for not less than a guaranteed number of installments. The amount of each installment will depend upon the adjusted age and gender of the Payee at the time the first payment is due. The adjusted age is determined by calculating the age at the nearest birthday of the Payee on the date of the first payment and subtracting a number that depends on the year in which the first payment begins:

First Payment Due	Adjusted Age is Age Minus
Prior to 2011	1
2011 to 2020	2
2021 to 2030	3
2031 to 2040	4
After 2040	5

AMOUNT OF EACH MONTHLY INSTALLMENT (Per \$1,000 of Proceeds)							
Adjusted Age of Male Payee	Number of Installments Guaranteed			Adjusted Age of Female Payee	Number of Installments Guaranteed		
	60	120	240		60	120	240
0	2.42	2.41	2.41	0	2.37	2.37	2.37
1	2.42	2.42	2.42	1	2.38	2.37	2.37
2	2.43	2.43	2.43	2	2.38	2.38	2.38
3	2.44	2.44	2.44	3	2.39	2.39	2.39
4	2.45	2.45	2.45	4	2.40	2.40	2.40
5	2.46	2.46	2.46	5	2.41	2.41	2.41
6	2.47	2.47	2.47	6	2.42	2.42	2.42
7	2.49	2.48	2.48	7	2.43	2.43	2.43
8	2.50	2.50	2.49	8	2.44	2.44	2.44
9	2.51	2.51	2.51	9	2.45	2.45	2.45
10	2.52	2.52	2.52	10	2.46	2.46	2.46
11	2.54	2.54	2.53	11	2.47	2.47	2.47
12	2.55	2.55	2.55	12	2.49	2.49	2.48
13	2.56	2.56	2.56	13	2.50	2.50	2.50
14	2.58	2.58	2.57	14	2.51	2.51	2.51
15	2.59	2.59	2.59	15	2.53	2.53	2.52
16	2.61	2.61	2.60	16	2.54	2.54	2.54
17	2.63	2.63	2.62	17	2.55	2.55	2.55
18	2.64	2.64	2.64	18	2.57	2.57	2.57
19	2.66	2.66	2.65	19	2.58	2.58	2.58
20	2.68	2.68	2.67	20	2.60	2.60	2.60
21	2.70	2.70	2.69	21	2.62	2.62	2.61
22	2.72	2.72	2.71	22	2.63	2.63	2.63
23	2.74	2.74	2.73	23	2.65	2.65	2.65
24	2.76	2.76	2.75	24	2.67	2.67	2.67
25	2.78	2.78	2.77	25	2.69	2.69	2.68

Adjusted Age of Male Payee	Number of Installments Guaranteed			Adjusted Age of Female Payee	Number of Installments Guaranteed		
	60	120	240		60	120	240
26	2.80	2.80	2.80	26	2.71	2.71	2.70
27	2.83	2.83	2.82	27	2.73	2.73	2.72
28	2.85	2.85	2.84	28	2.75	2.75	2.75
29	2.88	2.88	2.87	29	2.77	2.77	2.77
30	2.91	2.90	2.89	30	2.80	2.80	2.79
31	2.93	2.93	2.92	31	2.82	2.82	2.81
32	2.96	2.96	2.95	32	2.85	2.84	2.84
33	2.99	2.99	2.98	33	2.87	2.87	2.86
34	3.03	3.02	3.01	34	2.90	2.90	2.89
35	3.06	3.06	3.04	35	2.93	2.93	2.92
36	3.09	3.09	3.07	36	2.96	2.96	2.95
37	3.13	3.13	3.11	37	2.99	2.99	2.98
38	3.17	3.17	3.14	38	3.02	3.02	3.01
39	3.21	3.21	3.18	39	3.05	3.05	3.04
40	3.25	3.25	3.22	40	3.09	3.09	3.07
41	3.3	3.29	3.26	41	3.13	3.12	3.11
42	3.34	3.34	3.30	42	3.17	3.16	3.14
43	3.39	3.38	3.34	43	3.21	3.20	3.18
44	3.44	3.43	3.38	44	3.25	3.24	3.22
45	3.50	3.49	3.43	45	3.29	3.29	3.26
46	3.55	3.54	3.48	46	3.34	3.33	3.30
47	3.61	3.59	3.53	47	3.39	3.38	3.35
48	3.67	3.65	3.58	48	3.44	3.43	3.39
49	3.73	3.71	3.63	49	3.50	3.49	3.44
50	3.80	3.78	3.69	50	3.55	3.54	3.49
51	3.87	3.85	3.74	51	3.61	3.60	3.54
52	3.94	3.92	3.80	52	3.67	3.66	3.60
53	4.02	3.99	3.86	53	3.74	3.73	3.65
54	4.10	4.07	3.92	54	3.81	3.79	3.71
55	4.19	4.15	3.98	55	3.88	3.86	3.77
56	4.28	4.24	4.05	56	3.96	3.94	3.83
57	4.37	4.33	4.11	57	4.04	4.02	3.90
58	4.47	4.42	4.18	58	4.13	4.10	3.97
59	4.58	4.52	4.24	59	4.22	4.19	4.03
60	4.70	4.63	4.31	60	4.32	4.28	4.10
61	4.82	4.74	4.38	61	4.42	4.38	4.18
62	4.95	4.85	4.45	62	4.53	4.48	4.25
63	5.09	4.98	4.51	63	4.65	4.59	4.32
64	5.23	5.11	4.58	64	4.77	4.71	4.40
65	5.39	5.24	4.65	65	4.90	4.83	4.47
66	5.55	5.38	4.71	66	5.04	4.96	4.54
67	5.73	5.53	4.77	67	5.20	5.09	4.62
68	5.91	5.68	4.83	68	5.36	5.23	4.69
69	6.11	5.83	4.88	69	5.53	5.38	4.76
70	6.32	6.00	4.93	70	5.71	5.54	4.82
71	6.54	6.16	4.98	71	5.91	5.71	4.88
72	6.77	6.33	5.03	72	6.13	5.88	4.94
73	7.01	6.51	5.06	73	6.35	6.06	4.99
74	7.27	6.68	5.10	74	6.60	6.25	5.04
75	7.54	6.86	5.13	75	6.86	6.45	5.08
76	7.83	7.04	5.16	76	7.14	6.64	5.12
77	8.13	7.22	5.18	77	7.43	6.85	5.15
78	8.44	7.40	5.20	78	7.75	7.05	5.18
79	8.77	7.57	5.22	79	8.09	7.26	5.20
80 and over	9.11	7.74	5.24	80 and over	8.44	7.46	5.22

We have the right to require evidence that the Payee is living on the date of any payment made after the guaranteed number of installments.

Farmers New World Life Insurance Company  
Policy Specifications  
Prepared on: [03/07/2007]

Insured: [JOHN DOE] Face Amount: [\$250,000]  
Policy Number: [007002209U]  
Issue Date: [FEBRUARY 1, 2007] Issue Age: [35] Gender: [MALE]  
Maturity Date: [FEBRUARY 1, 2103]  
Policy Co-Owner:  
Policy Co-Owner:  
Policy Co-Owner:

Premium Class: [Select Plus Non-Nicotine]

SCHEDULE OF BENEFITS			
	Amount	Single Premium	Premium Payable
Single Premium Paid-Up Whole Life Insurance	[\$250,000]	[\$XXX.XX]	At Issue
TOTAL PREMIUM		[\$XXX.XX]	

Accelerated Benefit Rider for Terminal Illness added at no additional premium.

## FARMERS NEW WORLD LIFE INSURANCE ACCIDENTAL DEATH BENEFIT RIDER

### Benefit

We will pay the Accidental Death Benefit amount shown on the Policy Specifications page to the Beneficiary upon receipt of due proof of the Insured's Accidental Death, subject to the Exclusions from Coverage. The Accidental Death Benefit amount may not exceed the Face Amount of the policy to which this rider is attached. This Accidental Death Benefit does not provide insurance on any person other than the Insured.

### Accidental Death

The Insured's death must occur:

1. as a direct result of accidental bodily injury and independently of all other causes;
2. within 90 days of such injury;
3. before the Insured reaches Attained Age 70; and
4. while the policy and this rider are In Force.

### Exclusions from Coverage

We will not pay the Accidental Death Benefit if the Insured's death results from:

1. suicide whether sane or insane;
2. war or any act attributable to war, declared or undeclared, whether the Insured is in the military service or not;
3. bodily or mental infirmity, illness or disease of any kind;
4. bacterial infection other than infection occurring as a result of accidental, external bodily injuries;
5. committing or attempting to commit an assault or felony;
6. the voluntary taking of any drug or sedative (except as prescribed by a physician), poison, or asphyxiation from voluntary inhalation of gas; or
7. participating in aviation, except as a passenger on a commercial airline flight.

### Premium

The premium for this rider is shown on the Policy Specifications page. If the Premium Payments for the policy are being waived under the provision of any rider attached to the policy, the premiums for this rider will also be waived.

### Termination of Rider

This rider will end when:

1. the Insured reaches Attained Age 70;
2. a Nonforfeiture Option goes into effect;
3. the policy ends for any reason; or
4. We receive the Policy Owner's signed request for termination of this rider.

### Guaranteed Values

This rider does not increase or decrease the guaranteed values of the policy.

### Contract Terms

This rider is subject to all the terms of the policy to which this rider is attached, except as modified in this rider.

Attached to and made a part of the policy effective as of the date of issue of this rider.

## FARMERS NEW WORLD LIFE INSURANCE COMPANY



C. Paul Patsis  
President



Brian F. Kreger  
Secretary



## FARMERS NEW WORLD LIFE INSURANCE ACCIDENTAL DEATH BENEFIT RIDER

### Benefit

We will pay the Accidental Death Benefit amount shown on the Policy Specifications page to the Beneficiary upon receipt of due proof of the Insured's Accidental Death, subject to the Exclusions from Coverage. The Accidental Death Benefit amount may not exceed the Face Amount, sometimes referred to as principal sum, of the policy to which this rider is attached. This Accidental Death Benefit does not provide insurance on any person other than the Insured.

### Accidental Death Benefit

The Insured's death must occur:

1. as a direct result of accidental bodily injury and independently of all other causes;
2. within 90 days of such injury;
3. before the Insured reaches Attained Age 70; and
4. while the policy and this rider are In Force.

### Exclusions from Coverage

We will not pay the Accidental Death Benefit if the Insured's death results from:

1. suicide whether sane or insane;
2. war or any act attributable to war, declared or undeclared, whether the Insured is in the military service or not;
3. bodily or mental infirmity, illness or disease of any kind;
4. bacterial infection other than infection occurring as a result of accidental, external bodily injuries;
5. committing or attempting to commit an assault or felony;
6. the voluntary taking of any drug or sedative (except as prescribed by a physician), poison, or asphyxiation from voluntary inhalation of gas; or
7. participating in aviation, except as a passenger on a commercial airline flight.

### Premium

The premium for this rider is shown on the Policy Specifications page. If the premiums for the policy are being waived under the provision of any rider attached to the policy, the premiums for this rider will also be waived.

### Termination of Rider

This rider will end when:

1. the Insured reaches Attained Age 70;
2. the policy ends for any reason; or
3. We receive the Policy Owner's signed request for termination of this rider.

### Guaranteed Values

This rider does not increase or decrease the guaranteed values of the policy.

### Contract Terms

This rider is subject to all the terms of the policy to which this rider is attached, except as modified in this rider.

Attached to and made a part of the policy effective as of the date of issue of this rider.

## FARMERS NEW WORLD LIFE INSURANCE COMPANY



C. Paul Patsis  
President



Brian F. Kreger  
Secretary

**FARMERS NEW WORLD LIFE INSURANCE**  
**ACCIDENTAL DEATH BENEFIT RIDER**  
Second Insured

**Benefit**

We will pay the second insured's Accidental Death Benefit amount shown on the Policy Specifications page to the Beneficiary upon receipt of due proof of the second insured's Accidental Death, subject to the Exclusions from Coverage. The Accidental Death Benefit amount may not exceed the Face Amount, sometimes referred to as principal sum, of the policy to which this rider is attached. The Accidental Death Benefit amount decreases monthly as described in the Schedule of Benefits section of the policy. This Accidental Death Benefit does not provide insurance on any person other than the second insured.

**Accidental  
Death  
Benefit**

The second insured's death must occur:

1. as a direct result of accidental bodily injury and independently of all other causes;
2. within 90 days of such injury;
3. before the second insured reaches Attained Age 70; and
4. while the policy and this rider are In Force.

**Exclusions from  
Coverage**

We will not pay the Accidental Death Benefit if the second insured's death results from:

1. suicide whether sane or insane;
2. war or any act attributable to war, declared or undeclared, whether the second insured is in the military service or not;
3. bodily or mental infirmity, illness or disease of any kind;
4. bacterial infection other than infection occurring as a result of accidental, external bodily injuries;
5. committing or attempting to commit an assault or felony;
6. the voluntary taking of any drug or sedative (except as prescribed by a physician), poison, or asphyxiation from voluntary inhalation of gas; or
7. participating in aviation, except as a passenger on a commercial airline flight.

**Premium**

The premium for this rider is shown on the Policy Specifications page. If the premiums for the policy are being waived under the provision of any rider attached to the policy, the premiums for this rider will also be waived.

**Termination  
of Rider**

This rider will end when:

1. the second insured reaches Attained Age 70;
2. the policy or Second Insured Decreasing Term Rider end for any reason; or
3. We receive the Policy Owner's signed request for termination of this rider.

**Guaranteed Values**

This rider does not increase or decrease the guaranteed values of the policy.

**Contract Terms**

This rider is subject to all the terms of the policy to which this rider is attached, except as modified in this rider.

Attached to and made a part of the policy effective as of the date of issue of this rider.

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



C. Paul Patsis  
President



Brian F. Kreger  
Secretary

## FARMERS NEW WORLD LIFE INSURANCE ACCIDENTAL DEATH BENEFIT RIDER

**Benefit**

We will pay the Accidental Death Benefit amount shown on the Policy Specifications page to the Beneficiary upon receipt of due proof of the Insured's Accidental Death, subject to the Exclusions from Coverage. The Accidental Death Benefit amount may not exceed the Face Amount, sometimes referred to as principal sum, of the policy to which this rider is attached. The Accidental Death Benefit amount decreases monthly as described in the Schedule of Benefits section of the policy. This Accidental Death Benefit does not provide insurance on any person other than the Insured.

**Accidental  
Death  
Benefit**

The Insured's death must occur:

1. as a direct result of accidental bodily injury and independently of all other causes;
2. within 90 days of such injury;
3. before the Insured reaches Attained Age 70; and
4. while the policy and this rider are In Force.

**Exclusions from  
Coverage**

We will not pay the Accidental Death Benefit if the Insured's death results from:

1. suicide whether sane or insane;
2. war or any act attributable to war, declared or undeclared, whether the Insured is in the military service or not;
3. bodily or mental infirmity, illness or disease of any kind;
4. bacterial infection other than infection occurring as a result of accidental, external bodily injuries;
5. committing or attempting to commit an assault or felony;
6. the voluntary taking of any drug or sedative (except as prescribed by a physician), poison, or asphyxiation from voluntary inhalation of gas; or
7. participating in aviation, except as a passenger on a commercial airline flight.

**Premium**

The premium for this rider is shown on the Policy Specifications page. If the premiums for the policy are being waived under the provision of any rider attached to the policy, the premiums for this rider will also be waived.

**Termination  
of Rider**

This rider will end when:

1. the Insured reaches Attained Age 70;
2. the policy ends for any reason; or
3. We receive the Policy Owner's signed request for termination of this rider.

**Guaranteed Values**

This rider does not increase or decrease the guaranteed values of the policy.

**Contract Terms**

This rider is subject to all the terms of the policy to which this rider is attached, except as modified in this rider.

Attached to and made a part of the policy effective as of the date of issue of this rider.

### FARMERS NEW WORLD LIFE INSURANCE COMPANY



C. Paul Patsis  
President



Brian F. Kreger  
Secretary

## FARMERS NEW WORLD LIFE INSURANCE ACCIDENTAL DEATH BENEFIT RIDER

### **Benefit**

We will pay the Accidental Death Benefit amount shown on the Policy Specifications page to the Beneficiary upon receipt of due proof of the Insured's Accidental Death, subject to the Exclusions from Coverage. The Accidental Death Benefit amount may not exceed the Face Amount of the policy to which this rider is attached. If the Face Amount of the policy to which this rider is attached is decreased, We reserve the right to decrease the Accidental Death Benefit amount so that it does not exceed the policy's Face Amount. This Accidental Death Benefit does not provide insurance on any person other than the Insured.

### **Accidental Death Benefit**

The Insured's death must occur:

1. as a direct result of accidental bodily injury and independently of all other causes;
2. within 90 days of such injury;
3. before the Insured reaches Attained Age 70; and
4. while the policy and this rider are In Force.

### **Exclusions from Coverage**

We will not pay the Accidental Death Benefit if the Insured's death results from:

1. suicide whether sane or insane;
2. war or any act attributable to war, declared or undeclared, whether the Insured is in the military service or not;
3. bodily or mental infirmity, illness or disease of any kind;
4. bacterial infection other than infection occurring as a result of accidental, external bodily injuries;
5. committing or attempting to commit an assault or felony;
6. the voluntary taking of any drug or sedative (except as prescribed by a physician), poison, or asphyxiation from voluntary inhalation of gas; or
7. participating in aviation, except as a passenger on a commercial airline flight.

### **Risk Charge**

The Risk Charge for this rider is included in the Monthly Deduction. The Risk Charge is:

1. the Risk Rate at the Insured's Attained Age; times
2. the Accidental Death Benefit Rider Table Rating Factor, if any, as shown on the Policy Specifications page; with the result then multiplied by
3. the number of thousands of Accidental Death Benefit amount shown on the Policy Specifications page.

If the Monthly Deduction for the policy is being waived under the provision of any rider attached to the policy, the Risk Charge for this rider will also be waived.

Guaranteed Maximum Monthly Risk Rates are shown in the following table:

GUARANTEED MAXIMUM MONTHLY RISK RATES PER \$1,000 ATTAINED AGE									
AGE	RISK RATE	AGE	RISK RATE	AGE	RISK RATE	AGE	RISK RATE	AGE	RISK RATE
1	0.104	15	0.104	29	0.083	43	0.104	57	0.125
2	0.104	16	0.125	30	0.083	44	0.104	58	0.125
3	0.083	17	0.146	31	0.083	45	0.104	59	0.125
4	0.083	18	0.146	32	0.083	46	0.104	60	0.125
5	0.083	19	0.146	33	0.083	47	0.104	61	0.146
6	0.083	20	0.146	34	0.083	48	0.104	62	0.146
7	0.083	21	0.146	35	0.083	49	0.104	63	0.146
8	0.083	22	0.125	36	0.083	50	0.104	64	0.167
9	0.083	23	0.125	37	0.083	51	0.104	65	0.167
10	0.083	24	0.104	38	0.083	52	0.104	66	0.167
11	0.083	25	0.104	39	0.083	53	0.104	67	0.188
12	0.083	26	0.104	40	0.083	54	0.104	68	0.188
13	0.083	27	0.104	41	0.083	55	0.125	69	0.188
14	0.083	28	0.083	42	0.083	56	0.125		

**Termination  
of Rider**

This rider will end when:

1. the Insured reaches Attained Age 70;
2. the policy ends for any reason; or
3. We receive the Policy Owner's signed request for termination of this rider.

**Guaranteed Values**

This rider does not increase or decrease the guaranteed values of the policy.

**Contract Terms**

This rider is subject to all the terms of the policy to which this rider is attached, except as modified in this rider.

Attached to and made a part of the policy effective as of the date of issue of this rider.

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



C. Paul Patsis  
President



Brian F. Kreger  
Secretary

## FARMERS NEW WORLD LIFE INSURANCE COMPANY OPTION TO PURCHASE ADDITIONAL INSURANCE RIDER

(Without Evidence of Insurability)

### Benefits

You may purchase an additional policy of life insurance on the life of the Insured on each of the Option Dates given below. This additional life insurance will be issued without Evidence of Insurability. The issuance of a policy on any Option Date will be subject to the requirements of the Conditions provision.

### Option Dates

The Option Dates are on the Policy Anniversary when the Insured's Attained Age is:

- (a) 25;      (b) 28;      (c) 31;
- (d) 34;      (e) 37;      (f) 40.

### Conditions

While the policy and this rider are In Force, You may elect the benefit on any Option Date by sending Us a signed request, provided:

1. You have made the Premium Payments for the policy and this rider to the Option Date.
2. You have not already elected that benefit in advance due to a Special Event described in the Special Events section.
3. We must receive a signed request to elect an option within 31 days after the Option Date. The request must be signed by both You and the Insured.
4. The required premium for the new policy must accompany the signed request.
5. You may elect any plan of insurance We make available for such elections. We will make at least one product available for such elections.
6. The Insured will be the Policy Owner of the new policy, unless the Insured has not reached the age of majority in the state in which the Insured resides, in which case You will be the Policy Owner of the new policy.
7. The new policy will be issued and become effective on the option date and will be based on the Insured's age on that date.
8. The Face Amount of the new policy may not exceed the Guaranteed Insurability amount shown on the Policy Specifications page.
9. The new policy must meet any product minimums, including Issue Age and Face Amount.
10. The Insured must be living on the Option Date for the new policy to become effective.
11. If the Premium Payments for the policy to which this rider is attached are being waived on the Option Date under the terms of any other rider attached, the Premium Payments for the new policy will not be waived.
12. You need not exercise an option on the Option Date, but if You do not, the option for insurance on that specific date will expire. The expiration of one Option Date will not affect Your right to elect any later option if this policy and rider are In Force on the subsequent Option Date.

### Special Events

You may elect the benefit for the next available Option Date, in advance, if a Special Event occurs, subject to the following:

1. the Special Event must take place after the Issue Date of this rider; and
2. We must receive a request, signed by You and the Insured, for advancement of an Option Date within 90 days following the date of the Special Event.

The following events are Special Events:

1. the Insured marries;
2. birth of a child where the Insured is a biological parent;
3. a child is legally adopted by the Insured;
4. the Insured graduates from college; or
5. the Insured buys a home as his/her personal residence.

The intent of this provision is to allow acceleration of the options to coincide with a normal need for increased insurance protection, but not to create additional options.

If the Insured should die within 90 days after any of the Special Events, We will assume that You intended to elect the next available Option Date as provided by this Special Events section. This assumption will be made by Us only if: (1) Premium

Payments for this policy and rider were made to the date of the Insured's death and (2) a signed request for advancement of an Option Date due to the Special Event was not already received by Us. We also will assume that You intended to elect a new Whole Life policy, and for the full amount permitted. The Beneficiary will be assumed to be the same as the Beneficiary for the policy to which this rider is attached and the amount of the assumed new policy will be paid to the Beneficiary, less the part of the annual premium that would have paid if You had made the election on the day the Special Event took place.

**Benefits of the New Policy**

The new policy will contain the provisions then being included in such new policies issued by Us. We will not require Evidence of Insurability for the new policy; however, We may require Evidence of Insurability for:

- (a) accidental death benefits;
- (b) disability benefits; or
- (c) any other riders which increase the insurance risk.

If the policy to which this rider is attached includes accidental death benefits or disability benefits, they may be included in the new policy without Evidence of Insurability, provided Premium Payments for the policy are not then being waived under the terms of any rider attached to the policy. These will be subject to the limits then available.

**Loan or Non-Forfeiture Values**

The payment of premiums for this rider shall not increase any Policy Loan Value Available or Cash Value, paid-up insurance value, or the period of any extended term insurance, or any amount of pure endowment insurance.

**Rider Premium**

The premium for this rider is shown on the Policy Specifications page.

**Termination of Rider**

This rider will end when:

- 1. the Insured Attains Age 40;
- 2. a Nonforfeiture Option goes into effect;
- 3. the policy ends for any reason; or
- 4. We receive Your signed request for termination of this rider.

**Incontestability Provisions in the New Policy**

In any policy issued as the result of an election of one of the options of this rider, the section headed "Incontestability" shall be amended to provide that any life insurance issued shall be incontestable after expiration of two years from the date of the original policy and rider.

**Contract Terms**

This rider is subject to all the terms of the policy to which this rider is attached except as modified in this rider.

Attached to and made a part of the policy effective as of the date of issue of this rider.

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



C. Paul Patsis  
President



Brian F. Kreger  
Secretary

## **FARMERS NEW WORLD LIFE INSURANCE COMPANY WAIVER OF PREMIUM DISABILITY BENEFIT RIDER**

<b>Benefits</b>	When We receive due proof that the Insured is Disabled, as set forth in the section entitled Disability Defined, We will waive the Premium Payments becoming due after the start of and during the Insured's continued Disability subject to the terms below.
<b>Disability Defined</b>	<p>While the policy and this rider are In Force, Disability means that, as a result of bodily injury or disease starting after the Issue Date of this rider and before the Insured reaches Attained Age 60, the Insured:</p> <ol style="list-style-type: none"><li>1. is, and for a continuous period of at least 180 days has been, prevented from working in any occupation for which the Insured is reasonably qualified by education, training or experience; or</li><li>2. has suffered total and irrevocable loss of the sight of both eyes, or the loss of both hands, or both feet, or one hand and one foot.</li></ol>
<b>Notice of Disability</b>	We must receive written Notice of Disability at Our Home Office during the Insured's continuing Disability and while the Insured is alive, unless it can be shown that notice was given as soon as reasonably possible.
<b>General Term</b>	We will not waive Premium Payments until the claim for benefits under this rider is approved. If Disability starts during the Grace Period, any Premium Payments due must be made before the claim can be approved. If the claim is approved, We will refund any Premium Payment paid since the start of Disability. However, We will not refund Premium Payments made for any Premium Due Date that was more than 12 months before receipt of written Notice of Disability.
<b>Exclusions from Coverage</b>	<p>We will not waive Premium Payments if Disability results from:</p> <ol style="list-style-type: none"><li>1. intentional self-inflicted injury;</li><li>2. war or any act attributable to war, declared or undeclared, while the Insured is in the military, naval, or air service of any country; or</li><li>3. participation in aviation, except as a passenger on a commercial airline flight.</li></ol>
<b>Termination of Disability</b>	You must give proof of the Insured's continuing Disability upon request, unless benefits are being paid under subparagraph 2 of the section entitled Disability Defined. We reserve the right to require that the Insured be examined by a physician acceptable to Us. If You do not furnish this proof within 91 days of Our request, benefits under this rider will end and We will notify You of the Premium Payment then due. All Premium Payments must be made according to the terms of the policy.
<b>Premium</b>	The premium for this rider is shown on the Policy Specifications page.



**Termination of Rider**

This rider will end when:

1. the Insured reaches Attained Age 60 and is not Disabled;
2. the Insured's Disability terminates, if the Insured was Disabled upon reaching Attained Age 60;
3. a Nonforfeiture Option goes into effect;
4. the policy ends for any reason; or
5. We receive Your signed request for termination of this rider.

**Guaranteed Values**

This rider does not increase or decrease any guaranteed values of the policy.

**Proceeds**

Any proceeds paid under the policy will not be reduced by any Premium Payments waived under this rider.

**Contract Terms**

This rider is subject to all the terms of the policy to which this rider is attached, except as modified in this rider.

Attached to and made a part of the policy effective as of the date of issue of this rider.

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**

C. Paul Patsis  
President



Brian F. Kreger  
Secretary

## FARMERS NEW WORLD LIFE INSURANCE COMPANY OWNER WAIVER OF PREMIUM RIDER

### Benefits

Only You, the first named Policy Owner in the application for this rider and as Policy Owner on the effective date of this rider, are eligible for the rights and benefits this rider confers. This rider, and the benefits it confers, may not be assigned or transferred in any manner. When We receive proof that You are Disabled and during Your continued Disability, as defined in the section entitled Disability Defined, We will pay Benefit A under this rider. When We receive proof that You have died, We will pay Benefit B under this rider.

### Benefit A

Payable Upon Disability of Owner	When We receive proof that You are Disabled as defined in the section entitled Disability Defined, We will waive the Premium Payments due before the Insured reaches Attained Age 25 and after the start of and during Your continued Disability, subject to the terms below.
Disability Defined	<p>Disability means that, as a result of bodily injury or disease starting after the Issue Date of this rider, You:</p> <ol style="list-style-type: none"><li>1. are, and for a continuous period of at least 180 days have been, prevented from working in any occupation for which You are reasonably qualified by education, training, or experience; or</li><li>2. have suffered total and irrecoverable loss of sight of both eyes, or loss of both hands, or both feet, or one hand and one foot.</li></ol>
Start of Disability	<p>Disability must start:</p> <ol style="list-style-type: none"><li>1. while the policy and this rider are In Force;</li><li>2. before the Insured reaches Attained Age 25; and</li><li>3. before the first Policy Anniversary on or after Your 60<sup>th</sup> birthday.</li></ol>
Notice of Disability	We must receive written Notice of Disability at Our Home Office during Your continuing Disability and while You are alive, unless it can be shown that notice was given as soon as reasonably possible.
Exclusions from Coverage	<p>We will not waive Premium Payments if Disability results from:</p> <ol style="list-style-type: none"><li>1. intentional self-inflicted injury;</li><li>2. war or any act attributable to war, declared or undeclared, while You are in the military, naval or air service of any country; or</li><li>3. participation in aviation, except as a passenger on a commercial airline flight.</li></ol>
Termination of Disability	You must give proof of continuing Disability upon request, unless benefits are being paid under subparagraph 2 of the section entitled Disability Defined. We reserve the right to require that You be examined by a physician acceptable to Us. If You do not furnish this proof within 91 days of Our request, this Disability benefit will end, and We will notify You of the Premium Payments then due. All Premium Payments must be made according to the terms of the policy.
Termination of Benefit A	<p>Benefit A will end when:</p> <ol style="list-style-type: none"><li>1. You reach the first Policy Anniversary on or after Your 60<sup>th</sup> birthday; or</li><li>2. when this rider terminates for any reason.</li></ol>

### Benefit B

Payable Upon Death of Owner	<p>When We receive proof that You are no longer living, We will waive the Premium Payments due after the date of death and before the Insured reaches Attained Age 25 provided:</p> <ol style="list-style-type: none"><li>1. the policy and this rider are In Force; and</li><li>2. Your death is not due to suicide during the first two Policy Years.</li></ol>
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**General Terms**

The Premium Payments will not be waived until the claim for benefits under this rider is approved. If Disability starts during the Grace Period, any Premium Payment due must be made before the claim can be approved. If the claim is approved for Benefit A, We will refund the Premium Payments that were made since the start of Your Disability. However, We will not waive Premium Payments retroactively for any Premium Payment that was due more than 12 months before receipt of written Notice of Disability. If the claim is approved for Benefit B, We will waive the Premium Payments from the date of Your death.

**Conversion Privilege**

After the Insured's 21<sup>st</sup> birthday, and before this rider ends, You may submit a signed request along with this rider form to convert this benefit to a Waiver of Premium rider on the Insured's life.

**Premium**

The premium for this benefit is shown on the Policy Specifications page.

**Termination of Rider**

This rider will end when:

1. the Insured Attains Age 25;
2. the Conversion Privilege is exercised;
3. a Nonforfeiture Option goes into effect;
4. the policy ends for any reason;
5. You cease to be the Owner of the policy before Your death; or
6. We receive Your signed request for termination of this rider.

**Guaranteed Values**

This rider does not increase or decrease any guaranteed values of the policy.

**Proceeds**

Any proceeds paid under the policy will not be reduced by any Premium Payments waived under this rider.

**Contract Terms**

This rider is subject to all the terms of the policy to which this rider is attached, except as modified in this rider.

Attached to and made a part of the policy effective as of the date of issue of this rider.

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**

C. Paul Patsis  
President



Brian F. Kreger  
Secretary

## FARMERS NEW WORLD LIFE INSURANCE COMPANY CHILDREN'S TERM INSURANCE RIDER

### Benefits

While this rider and the policy to which this rider is attached are In Force, We will provide life insurance coverage on each Insured Child as described below.

- A. If an Insured Child's death occurs prior to his/her 22<sup>nd</sup> birthday, upon due proof of death, We will pay to the Beneficiary of this rider the Children's Term Rider amount shown on the Policy Specifications page.
- B. Upon receipt of due proof of the death of the Insured covered by the policy to which this rider is attached, We will provide You paid-up term insurance to age 22 on each Insured Child.

This paid-up term insurance may be surrendered at any time prior to the Insured Child's 22<sup>nd</sup> birthday. The surrender value will be the net single premium necessary to continue the Insured Child's insurance to age 22. The basis for the net single premium is:

- 1. an interest rate that does not exceed the maximum rate allowed by the laws of the state in which this rider is issued;
- 2. 2001 Commissioners Standard Ordinary Mortality Table;
- 3. age last birthday; and
- 4. the assumption that the Insured Child's death occurs at the end of the policy year.

### Insured Children

Each of the children described below is an Insured Child from age 15 days until the earliest of either the child's 22<sup>nd</sup> birthday or the Insured's Attained Age 65.

- 1. A child of the Insured who is listed in the application and is not yet 20 years of age on the effective date of this rider.
- 2. A future child born to the Insured.
- 3. A child legally adopted by the Insured before the child is age 20 and before the Insured Attains Age 63.

### Beneficiary

The Insured is the Beneficiary under this rider. Any change in Beneficiary must take place in accordance with the terms of the beneficiary section of the policy to which this rider is attached. If no successor or contingent Beneficiary has been named, the Estate of the Insured Child will become the Beneficiary.

### Conversion Privilege

While the policy and this rider are In Force, the insurance on each Insured Child may be converted to any permanent life insurance product We make available for conversion at that time. We will make at least one product available for conversion.

Conversion is subject to the following terms:

- 1. the new policy will be based on the Insured Child's age on the date the new policy takes effect. The new policy will contain the provisions then being included in such new policies issued by Us;
- 2. the Face Amount of the new policy may not exceed \$1,000 for each \$1,000 of insurance provided by this rider. If the conversion is made within 31 days following the earliest of either the Insured Child's 22<sup>nd</sup> birthday or the Insured's Attained Age 65, the Face Amount of the new policy may not exceed \$5,000 for each \$1,000 of insurance provided by this rider;
- 3. the new policy must meet any product minimums, including Issue Age and Face Amount;
- 4. if the Premium Payments for the policy are being waived under the terms of any other rider attached on the date of conversion, the premium for the new policy will not be waived;

5. We will not require Evidence of Insurability for the new policy; however, We will require Evidence of Insurability for:
  - a. accidental death benefits;
  - b. disability benefits; or
  - c. any other riders which increase the insurance risk;
6. the Suicide and Incontestability periods on the new policy will be measured from the date of issue of this rider;
7. We must receive Your signed request for conversion while the policy and this rider are In Force or within 31 days after the end of this rider; and
8. the required premium must accompany Your signed request for conversion. We will send You an endorsement to this rider to exclude the Insured Child who is exercising the Conversion Privilege. This endorsement will become part of the Entire Policy Contract.

Upon receipt of due proof of death of an Insured, We will pay to the Beneficiary of this rider, the amount which would have been paid if such Insured Child's term insurance had not expired, provided: (a) the Insured Child was eligible to be insured under a new policy, (b) the Insured Child's death occurred within 31 days following the expiration of that Insured Child's insurance under this rider, and (c) no new policy has become effective.

**Premium**

The premium for this rider is shown on the Policy Specifications page.

**Termination of Rider**

This rider will end when:

1. the Insured dies or Attains Age 65;
2. the youngest Insured Child covered by this rider reaches age 22;
3. all Insured Children have exercised their conversion privilege;
4. a Nonforfeiture Option goes into effect;
5. the policy ends for any reason; or
6. We receive Your signed request for termination of this rider.

**Incontestability**

We will not contest this rider after it has been In Force during each Insured Child's lifetime for two years from its date of issue.

If the policy Lapses and is subsequently Reinstated, We will not contest this rider based upon any statements on the Reinstatement application after this rider has been In Force during the Insured Child's lifetime for two years after its date of Reinstatement.

**Guaranteed Values**

This rider does not increase or decrease the guaranteed values of the policy.

**Contract**

This rider is subject to all the terms of the policy to which this rider is attached, except as modified in this rider.

Attached to and made a part of the policy effective as of the date of issue of this rider.

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



C. Paul Patsis  
President



Brian F. Kreger  
Secretary

# Farmers New World Life Insurance Company

*Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400*

*Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975*



**FARMERS**  
LIFE INSURANCE

## Simple Application for Life Insurance

### A. Proposed Insured Information

Name of Proposed Insured:

Date of Birth:

Social Security Number (SSN):

Gender:

Height:

Weight:

Residence Address:

Place of Birth:

Telephone Numbers: Primary:

Secondary:

Occupation:

Are you a U.S. Citizen or do you have a Green Card?

Green Card Alien Registration Number:

Is the Proposed Insured the Policy Owner?

### B. Driver License Information

Issue State:

License Number:

1. Have you, in the past five years, pled guilty or no contest to or been convicted of driving under the influence (DUI/DWI) or reckless/careless driving; or in the past three years, had three or more moving violations, or had your driver's license suspended, revoked, cancelled or withdrawn?

### C. Proposed Policy Owner Information

Name of Proposed Policy Owner:

Date of Birth:

Relationship to Proposed Insured: Mother

Tax Payer ID Number or SSN:

Gender:

### D. Product Information: Plan, Class, Face Amount and Benefits

Plan:

Class:

Face Amount:

Single Premium:

Benefits:

### E. Sales Illustration

Has the Proposed Policy Owner been provided a written illustration that conforms to this Application for life insurance coverage?

### F. Billing and Payment Information: Refer to Bank Authorization form

Billing Method:

Payment submitted with application:

Billing Address:

### G. Temporary Insurance Eligibility Question

In the past two years, has the Proposed Insured received any treatment or medication for, or been diagnosed as having any kind of cancer or tumor, stroke, drug or alcohol dependency, or any disease or disorder of the heart, liver or kidney?

### H. Beneficiary Information

Primary/Contingent

Beneficiary Name(s),

Share %,

Date of Birth

Relationship to Proposed Insured

Include delay clause?

Number of days:

I. Other Insurance and/or Pending Application(s) for Life Insurance

Is there any life insurance or annuity in force or application pending on the life of the Proposed Insured?  
Will any in-force life insurance or annuity be reduced, replaced, or discontinued; or will payment of premiums be stopped if the insurance requested is issued?  
Details:  
Company                      Insured                      Policy Number                      Life Amount                      ADB Amount                      Pending?                      In-Force?                      Replacing?

Is the insurance applied for intended to be a 1035 Exchange?

J. Owner Benefit Information

Proposed Policy Owner's Height:                      Proposed Policy Owner's Weight:

1. Have you, the Proposed Policy Owner, in the past five years, received any treatment or medication for, or been diagnosed as having, appendicitis, any kind of cancer or tumor, diabetes, drug or alcohol dependency, gastric reflex, hernia, pneumonia, pregnancy, stroke, or disability, including receiving disability income benefits; or have you ever had any disease or disorder of the heart, immune system, kidney, liver, or lungs?

K. Children's Insurance Rider Information

Child Name                      Gender                      Relationship to Proposed Insured                      Date of Birth                      SSN                      Height                      Weight                      Eligibility

1. Has any child ever had, been treated for, or hospitalized for any appendicitis, asthma, cancer, congenital or birth disorder, diabetes, heart disorder, hernia, leukemia, premature birth, RSV(Respiratory Syncytial Virus), scoliosis, seizures, tonsillectomy, tubes in ears, tumor, or any other disease or disorder?

L. Juvenile Plan Information

1. Amount of life insurance on:  
Mother:                      Father:                      Household Income:
2. Do both parents have at least as much insurance in force or applied for as the Proposed Insured?
3. Amount of life insurance on each child:
4. Do all children in household have at least as much insurance in force or applied for as the Proposed Insured?

M. Medical and Supplemental Information Regarding the Proposed Insured

1. Have you, in the past three years, participated in or do you plan to participate in any of the following activities: aeronautics, including ballooning, hang gliding, parachuting, or skydiving; racing, including boat, car, or motorcycle; scuba diving; hiking, including mountain climbing or rock climbing; or any similar hazardous activities?
2. Do you anticipate residence or travel, including military deployment, outside the United States during the next two years (excluding travel as a pilot or crew member of a commercial flight)?
3. Do you anticipate the total number of days of travel or residence, including military deployment, outside the United States during the next two years to exceed 90 days (excluding travel as a pilot or crew member of a commercial flight)?
4. Have you, in the past three years, piloted an aircraft, or do you have any intention of flying in the future other than as a passenger on a scheduled airline flight?
5. Have you, in the past seven years, had, consulted a physician or other healthcare provider(s) for, or been treated or hospitalized for or taken medication for any of the following: any diseases or disorders of the heart (including rheumatic fever), circulatory system, diabetes/endocrine/thyroid, blood, kidneys, liver, digestive system, lungs (including allergies or sleep apnea); any mental or nervous disorders (including depression, anxiety, or suicide); muscular, spinal, joint, or bone disorders or injuries (including concussions); high blood pressure; elevated cholesterol; cancer/skin cancer; stroke; epilepsy/seizures (including dizziness or fainting); arthritis; congenital defects or physical impairments?

6. Have you ever been treated for, been hospitalized for, or been diagnosed by a member of the medical profession as having HIV (Human Immunodeficiency Virus) antibodies or antigens or AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex) or any immune deficiency disorder, or have you tested positive for HIV antibodies or antigens?
7. Have you, in the past 12 months, been hospitalized for 24 or more consecutive hours?
8. Have you scheduled or been advised to have, a surgical operation, diagnostic test, or evaluation that has not been completed?
9. Have you, in the past 12 months, used Tobacco or Nicotine products in any form?
10. Have you, in the past 10 years, used illegal drugs, or consulted a healthcare provider or treatment facility for abuse of alcohol or drugs (including prescription drugs)?
11. Have you, in the past 10 years, pled guilty or no contest to or been convicted of a felony offense, been incarcerated for a felony offense, or been placed on probation or parole for a felony offense, or are felony charges currently outstanding against you?
12. Have you, in the past five years, been disabled, received disability income benefits, or been unable to work or perform and carry out your normal daily functions and activities?
13. Have you, within the past 12 months, been confined to, or been advised to use the services of any of the following: adult day care facility, assisted living facility, home health care services, nursing home, or residential care facility?
14. Do you require the assistance or supervision of another person or device of any kind for any of the following: getting in or out of a bed or chair; self-care, such as eating, dressing, bathing and/or using the bathroom; or walking, such as need for a walker, wheelchair or scooter?
15. Do you require the assistance or supervision of another person to perform any of the following: doing laundry, making financial or banking decisions, housekeeping, making telephone calls, preparing meals, shopping, or taking medication?
16. Have you seen a physician within the past two years?
17. Have you, in the past six months, experienced an unintentional or unexplained weight loss, not due to increase in exercise or intentional change in diet?
18. Do you participate in activities outside the home?
19. Have you had two or more falls in the past 12 months?

## Additional Information

### Certification, Authorization and Acknowledgement Signatures

#### Temporary Insurance Agreement (TIA) Coverage

Farmers New World Life Insurance Company (FNWL) agrees to provide Temporary Insurance coverage on the life of the Proposed Insured named in this Application and children to be covered under a Children's Insurance Rider for the policy face amount applied for (not including riders or supplemental benefits) or \$50,000, whichever is less, subject to the terms, eligibility requirements, and limitations stated on the Temporary Insurance Agreement for Simple Application for Life Insurance page of this Application. Coverage is not available to any person named in this Application if: **1.** The Temporary Insurance Eligibility Question is answered "**Yes**" or left blank by or for the Proposed Insured; or **2.** the Temporary Insurance eligibility requirements listed on the Temporary Insurance Agreement for Simple Application for Life Insurance page cannot be met for any Proposed Insured; or **3.** the first full modal premium has not been received with this Application. I, the Proposed Insured, represent that the answer to the Temporary Insurance Eligibility Question is true to the best of my knowledge and belief. I (We) understand and agree that if the answer is found to be false, the Temporary Insurance may be denied or declined. I (We) acknowledge that I (we) have read, or have had read to me (us), the terms of the Temporary Insurance Agreement and, if the conditions have been truthfully met, I (we) have received a copy of the Receipt of Premium for Temporary Insurance Coverage and the Temporary Insurance Agreement that outlines the terms and conditions of coverage. I (We) understand that no agent or representative is authorized to change or waive the terms of this Temporary Insurance Agreement.

#### Illustration

If the Proposed Policy Owner(s) has not been provided a written illustration, I (we), as Proposed Policy Owner(s), acknowledge that no illustration conforming to the coverage being requested has been provided yet, and if required by state regulation, an illustration conforming to the policy as issued will be provided no later than at the time of the Policy Contract delivery.



## Taxpayer Certification

Under penalties of perjury, I, as Policy Owner certify that:

1. The Social Security Number shown on this form is my correct taxpayer identification number (TIN) (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**{Certification 2 above does not apply to me (us).}**

## Authorization to Obtain and Disclose Information

I (We) understand that non-medical and medical information ("Personal Information") will be used by Farmers New World Life Insurance Company (FNWL) to determine my and/or the minor child's eligibility for the insurance coverage applied for in this Application as well as to determine eligibility and evaluate claims for benefits under any policy issued in connection with this Application. Personal Information includes, but is not limited to information about me and/or the minor child regarding: mental and physical health, including information about medical care, treatment, advice, alcohol and nicotine use, drug use, prescription drug history, as well as communicable diseases such as HIV infection, AIDS, tuberculosis, and sexually transmitted diseases; motor vehicle, financial, and criminal records; hazardous activities; and avocations.

By signing this Application, I (we) authorize licensed physicians; medical practitioners; hospitals; clinics or other medical or medically-related facilities; insurance companies; the Medical Information Bureau (MIB); the Veterans Administration; the Social Security Administration; and consumer reporting agencies to release Personal Information to FNWL, its reinsurers, and their legal representatives. A copy of this authorization shall be as valid as the original. This authorization is valid for 24 months from the date of this Application. I (We), as well as any person authorized to act on my (our) behalf, may, upon written request, obtain a copy of this authorization. I (We), as well as any person authorized to act on my (our) behalf, may revoke this authorization at any time by sending written notice to FNWL. Changing, revoking or failing to sign this authorization will impair processing of the Application; as a result, the Application may be denied.

I (We) understand that some or all of the data collected to create this Application, including any electronic or voice signature, may be transmitted and/or maintained by FNWL in electronic format. I (we) understand that my (our) electronic or voice signature(s) printed/indicated on this Application as shown below is my (our) consent to complete this Application by electronic means. A paper copy of this Application with my (our) electronic or voice signature(s) printed/indicated on the paper Application will be provided to me (us) with the Policy Contract, if issued, or upon receipt by FNWL of my (our) written request. My (our) electronic or voice signature(s) will not be attached to or used for any other transaction unless I (we) provide my (our) consent, which would be indicated with new electronic or voice signature(s) for the separate transaction.

## Acknowledgement

I (We) have read, or have had read to me (us), the Important Notice disclosure statement listed on Form 31-5287 given to me (us) on this date. I (We) acknowledge that this Application signed by me (us), will become a part of the policy if issued by FNWL. I (We) also acknowledge that I (we) have read, or have had read to me (us), and that I (we) understand the fraud warning and/or other notice listed on Form 31-4226 for my (our) state of residence, if any. I (We) have read and reviewed the above statements and the answers to the questions on this Application and hereby represent that such statements and answers are true and complete to the best of my (our) knowledge and belief. **Except as stated in the Temporary Insurance Agreement (if any) provided upon payment of premium, I (We) understand and acknowledge that no policy will be issued and no insurance coverage is in force unless: (a) this Application, along with any additional applications, addendums, amendments, questionnaires, and medical examination forms have been completed and signed by me (us) and received by the Company, (b) the full first modal premium has been paid, and (c) the Application has been approved by FNWL without modification. In the event FNWL approves the Application other than as applied for ("with modification"), no policy will be issued and no coverage will be in force until I (we) have also accepted in writing the policy as modified. I (We) understand and agree that no agent is authorized to: (a) make or modify contracts, (b) waive any of FNWL's rights or requirements, or (c) accept risks or make any determination as to insurability.**

_____ Signature of Proposed Insured	Signed in _____ on _____ State Date/Time stamp
_____ Signature of Proposed Policy Owner (if other than the Proposed Insured)	Signed in _____ on _____ State Date/Time stamp
_____ Signature of Policy Owner's Spouse (where required in community property states)	Signed in _____ on _____ State Date/Time stamp

I certify that I have truly and accurately recorded on this Application the information given by the Proposed Insured and Policy Owner(s)/Spouse, verified their identity(ies) and witnessed their signature(s). To the best of your knowledge, is there any life insurance or annuity in-force, or application pending on the life of the Proposed Insured? ☐ **Yes** ☐ **No**. To the best of your knowledge, will the life insurance applied for replace or reduce current coverage with this or any other company? ☐ **Yes** ☐ **No**. If a replacement, was sales material used in the solicitation? ☐ **Yes** ☐ **No**. *Copies of the materials must be submitted to Farmers New World Life Insurance Company and/or the Proposed Policy Owner, if applicable, as required by state regulations.*

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Agent Name (please print or type)

\_\_\_\_\_  
Agent/Representative Code Number

\_\_\_\_\_  
Date

*Receipt of Premium for Temporary Insurance Coverage*

Received from \_\_\_\_\_ the sum of \$ \_\_\_\_\_  
in connection with the Simple Life Insurance Application bearing the same number as this receipt. If the Company declines to issue a policy, this payment will be refunded without interest. Please make check payable to Farmers New World Life.

Dated \_\_\_\_\_ Signature of Agent or Authorized Representative **X** \_\_\_\_\_

## Farmers New World Life Insurance Company

### Temporary Insurance Agreement for Simple Application for Life Insurance

Temporary Insurance Agreement (TIA) coverage applies only to the Proposed Insured named in this Application, and children to be covered under a Children's Insurance Rider, and is limited to \$50,000 or the amount applied for (excluding any riders and supplemental benefits), whichever is less; and is subject to the terms, eligibility requirements and limitations stated below. Temporary Insurance coverage does not include any benefits provided under riders or supplemental benefits applied for or made a part of the policy.

**No coverage is in effect unless the following eligibility requirements are met:**

1. The Proposed Insured, and children to be covered under a Children's Insurance Rider, are more than 14 days and less than 70 years of age on the date this Application is signed; and
2. the Temporary Insurance Eligibility Question is truthfully answered "No" for the Proposed Insured named in this Application.

**Important: If these two requirements are not met, no agent or representative of Farmers New World Life (FNWL) is authorized to accept money and no coverage is in effect. No agent or representative has the authority to change the terms and conditions of this Agreement.**

**Temporary Insurance coverage begins on the date:**

1. The two eligibility requirements above are met; and
2. the Proposed Insured, and Proposed Policy Owner complete and sign this Application; and
3. the selected modal premium (in no case less than 1/12<sup>th</sup> of the minimum first year's premium) is submitted to FNWL.

**Temporary Insurance coverage ends on the date:**

1. The life insurance policy takes effect; or
2. the Proposed Policy Owner receives notice that either this Temporary Insurance coverage has been declined or the Proposed Insured does not qualify for the coverage requested in the Application; and in no case later than 12:01 a.m. Pacific Standard Time of the fifth day after FNWL has mailed a letter giving such notice; or
3. FNWL receives the Proposed Policy Owner's signed request to cancel; in which case the full amount paid will be refunded.

**No temporary benefits will be paid if:**

1. The initial premium check and/or draft submitted is not honored by the bank upon first presentation; or
2. the Proposed Insured, or any child to be covered under the Children's Insurance Rider, dies by suicide whether sane or insane; in which case FNWL's only obligation will be to refund the premium submitted; or
3. a material misrepresentation or omission of fact is made with respect to the eligibility requirements or the Temporary Insurance Eligibility Question; in which case Temporary Insurance coverage will be void and FNWL's only obligation shall be to return the premium paid.

Any Temporary Insurance coverage payable shall be paid to the Beneficiary(ies) listed in this Application or Children's Insurance Rider, whichever is applicable.

Proposed Insured Name:

Policy Number:

Additional Details Continued:

I (We) understand that the information recorded in this Addendum was provided by me (us) in response to the questions in the application. I (We) have reviewed the information recorded and believe that it is true and correct to the best of my (our) knowledge. I (We) understand that the information provided by me (us) in the application process and as recorded on this Addendum will be relied upon by Farmers New World Life Insurance Company to determine the insurability of the Proposed Insured. I (We) acknowledge that this Addendum, completed and signed by me (us), will be attached to and made part of the Policy Contract, if issued.

<div>Proposed Insured Signature (or parent if Proposed Insured is a juvenile)</div>	Signed at <div>State</div>	on <div>Month, Day, Year</div>
<div>Proposed Policy Owner Signature (if other than Proposed Insured)</div>	<div>State</div>	<div>Month, Day, Year</div>
<div>Agent or Witness Signature (if present)</div>		

# Farmers New World Life Insurance Company

*Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400*  
*Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975*



**FARMERS**  
LIFE INSURANCE

## Simple Application Change Acceptance

Primary Proposed Insured

Application/Policy Number

### Policy Approved Other Than As Applied For

I understand that the above referenced policy, if accepted by me as Policy Owner, will be issued other than as I had applied for.

The approved Face Amount is: \$

The monthly BCP (EFT) premium is: \$

I (We) understand that some or all of the data collected to create this Simple Application Change Acceptance form (Acceptance form), including any electronic or voice signature, may be transmitted and/or maintained by Farmers New World Life Insurance Company (FNWL) in electronic format. I (we) understand that my (our) electronic or voice signature(s) printed/indicated on this Acceptance form as shown below is my (our) consent to complete this Acceptance form by electronic means.

Since the completion of the original application, the health of all Proposed Insureds has remained unchanged and none of the Proposed Insureds have consulted with or been treated by a physician or medical practitioner for any reason or cause other than the insurance medical examination, if any.

Note: The policy will be issued as requested on the original application and not as indicated above **unless** the signature of the Proposed Insured(s) and Proposed Policy Owner, if other than Proposed Insured, is obtained on this Acceptance form and the properly signed form is returned to FNWL.

I (We) understand and agree that this Acceptance form shall form part of the policy contract if accepted, and that no Agent or Representative has the authority to waive or alter the terms of this change acceptance.

Signature of Primary Proposed Insured  
*(or parent if Proposed Insured is a juvenile)*

Date

{ Signature of Additional Proposed Insured

Date }

Signature of Proposed Policy Owner  
*(If other than Proposed Insured)*

Date

Signature of Agent/Representative as Witness

Date

Agent/Representative Code Number

# Farmers New World Life Insurance Company

## Medical Questionnaire



FARMERS  
LIFE INSURANCE

(To be completed and signed by the Proposed Insured's primary physician or healthcare provider.)

Proposed Insured Name	Application/Policy Number
Physician's or Healthcare Provider's Name (please print)	Physician's or Healthcare Provider's Telephone Number
Physician's or Healthcare Provider's Address	
Physician's or Healthcare Provider's Specialty	Are you currently licensed by your State Medical Board? ... <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Are you the Proposed Insured's primary physician, advanced nurse practitioner (ANP) or physician's assistant (PA)?.....☐ Yes ☐ No  
If "Yes," for how long? \_\_\_\_\_ Years \_\_\_\_\_ Months  
If "No," who is the Proposed Insured's primary physician or healthcare provider?  
\_\_\_\_\_
2. Proposed Insured's Date of Birth \_\_\_\_\_
3. Proposed Insured's: Height \_\_\_\_\_ Weight \_\_\_\_\_
4. To your knowledge, has the Proposed Insured, in the past 12 months, used Tobacco or Nicotine products in any form?.....☐ Yes ☐ No
5. To your knowledge, has the Proposed Insured, in the past 10 years, used illegal drugs, or consulted you or any other healthcare provider(s) or treatment facility for abuse of alcohol or drugs (including prescription drugs)? .....☐ Yes ☐ No
6. To your knowledge, has the Proposed Insured ever been treated for, been hospitalized for, or been diagnosed by a member of the medical profession as having HIV (Human Immunodeficiency Virus) antibodies or antigens or AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex) or any immune deficiency disorder, or has he/she tested positive for HIV antibodies or antigens?  
.....☐ Yes ☐ No
7. Please list any medical conditions you have treated or consulted the Proposed Insured for in the past seven years.  
(If additional space is needed, please use Notes section on the bottom of the last page.)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

8. In the past five years, has the Proposed Insured been hospitalized for 24 or more consecutive hours? Please list hospital, reason, diagnosis, and outcome.

Hospital \_\_\_\_\_

Reason \_\_\_\_\_

Diagnosis \_\_\_\_\_

Outcome \_\_\_\_\_

9. In the past five years, have you referred the Proposed Insured to any other physician or specialist? Please provide name of physician/healthcare provider and reason for referral.

Physician/Healthcare provider \_\_\_\_\_

Reason \_\_\_\_\_

10. In the past five years have any tests been **ordered** that were **not completed** or are there any **test results still pending**?

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**Physician's or Healthcare Provider's Statement**

The answers provided above are true and complete to the best of my knowledge and I understand they will be relied upon to determine the Proposed Insured's insurability.

I acknowledge that I have read and that I understand the fraud warning and/or other notice listed on Form 31-4226 for my state of residence, if any.

\_\_\_\_\_  
Physician's or Healthcare Provider's Signature

\_\_\_\_\_  
Date

NOTES:

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# Farmers New World Life Insurance Company

## Non-Medical Questionnaire



**FARMERS**  
LIFE INSURANCE

(To be completed and signed by the Proposed Insured/Insured and returned to Farmers New World Life.)

Proposed Insured/Insured

Application/Policy Number

1. Have you, in the past 10 years, pled guilty or no contest to or been convicted of a felony offense, been incarcerated for a felony offense, or been placed on probation or parole for a felony offense, or are felony charges currently outstanding against you?..... ☐ Yes ☐ No
2. Have you, in the past three years, participated in or do you plan to participate in any of the following activities: aeronautics, including ballooning, hang gliding, parachuting, or skydiving; racing, including boat, car, or motorcycle; scuba diving; hiking, including mountain climbing or rock climbing; or any similar hazardous activities? ..... ☐ Yes ☐ No  
*If "Yes," please check all that apply:*
  - a. Aeronautics, including ballooning, hang gliding, parachuting, or skydiving ..... ☐ Yes ☐ No
  - b. Racing, including boat, car, or motorcycle..... ☐ Yes ☐ No
  - c. Scuba diving at a depth of 75 ft. or less ..... ☐ Yes ☐ No  
Scuba diving at a depth greater than 75 ft..... ☐ Yes ☐ No
  - d. Hiking, including:  
Hiking without specialized equipment (crampons, climbing ropes, etc.) ..... ☐ Yes ☐ No  
Mountain climbing with specialized equipment (crampons, climbing ropes, etc.) ..... ☐ Yes ☐ No  
Rock climbing with specialized equipment (carabiners, pitons, climbing ropes, etc.)..... ☐ Yes ☐ No
  - e. Any similar hazardous activities..... ☐ Yes ☐ No
3. Have you, in the past three years, piloted an aircraft, or do you have any intention of flying in the future other than as a passenger on a scheduled airline flight? ..... ☐ Yes ☐ No  
*If "Yes," please check all that apply:*
  - a. Non-Pilot Crewmember ..... ☐ Yes ☐ No
  - b. Student Pilot..... ☐ Yes ☐ No
  - c. Private Pilot with less than 100 solo hours ..... ☐ Yes ☐ No
  - d. Private Pilot with 100 or more solo hours and less than 50 annual flying hours ..... ☐ Yes ☐ No  
Private Pilot with 100 or more solo hours and 50-250 annual flying hours..... ☐ Yes ☐ No  
Private Pilot with 100 or more solo hours and more than 250 annual flying hours..... ☐ Yes ☐ No
  - e. Commercial Pilot..... ☐ Yes ☐ No
  - f. Corporate Pilot ..... ☐ Yes ☐ No
  - g. Military Pilot..... ☐ Yes ☐ No
  - h. Test pilot..... ☐ Yes ☐ No
  - i. Instructor..... ☐ Yes ☐ No
  - i. Other ..... ☐ Yes ☐ No  
If, "Other," provide details: \_\_\_\_\_
4. Do you anticipate residence or travel, including military deployment, outside the United States during the next two years (excluding travel as a pilot or crew member of a commercial flight)? ..... ☐ Yes ☐ No

5. Do you anticipate the total number of days of travel or residence, including military deployment, outside the United States during the next two years to exceed 90 days (excluding travel as a pilot or crew member of a commercial flight)?.....☐ Yes ☐ No
6. Have you, in the past five years, pled guilty or no contest to or been convicted of driving under the influence (DUI/DWI) or reckless/careless driving; or in the past three years, had three or more moving violations, or had your driver's license suspended, revoked, cancelled or withdrawn?.....☐ Yes ☐ No
7. Have you, in the past 10 years, used illegal drugs, or consulted a healthcare provider or treatment facility for abuse of alcohol or drugs (including prescription drugs)?.....☐ Yes ☐ No

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**Acknowledgement Signatures**

I acknowledge that I have read the completed Questionnaire, or have had it read to me, and agree that all the answers are true and complete to the best of my knowledge and belief. I understand that Farmers New World Life Insurance Company will rely upon this completed Questionnaire to determine my insurability. This Questionnaire will be attached to and made a part of the policy contract, if issued.

I also acknowledge that I have read, or have had read to me, and that I understand the fraud warning and/or other notice listed on Form 31-4226 for my state of residence, if any.

\_\_\_\_\_  
Signature of Proposed Insured/Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent (if present) or Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Representative Code Number (or Relationship, if a Witness)

**Farmers New World Life Insurance Company**  
 { Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400  
 Columbus Life Office: PO Box 182325, Columbus, OH 43218-2325 (614) 764-9975 }



# Farmers New World Life Insurance Company

## Disability Questionnaire



**FARMERS**  
LIFE INSURANCE

(To be completed and signed by the Proposed Insured/Insured and returned to Farmers New World Life.)

\_\_\_\_\_  
Proposed Insured/Insured

\_\_\_\_\_  
Application/Policy Number

1. Have you, in past five years, been disabled, received disability income benefits, or been unable to work or perform and carry out your normal daily functions and activities? ..... ☐ Yes ☐ No

*If "Yes," please list all causes of disability that apply:*

- |  |  |
|--|--|
| <input type="checkbox"/> Anxiety             | <input type="checkbox"/> Motor Vehicle Accident                |
| <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Neck Pain                             |
| <input type="checkbox"/> Back Pain           | <input type="checkbox"/> Paraplegia                            |
| <input type="checkbox"/> Broken Bone(s)      | <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) |
| <input type="checkbox"/> Bunionectomy        | <input type="checkbox"/> Pregnancy                             |
| <input type="checkbox"/> Cosmetic Surgery    | <input type="checkbox"/> Rheumatoid Arthritis                  |
| <input type="checkbox"/> Depression          | <input type="checkbox"/> Shingles                              |
| <input type="checkbox"/> Dislocated Joint(s) | <input type="checkbox"/> Tonsillectomy                         |
| <input type="checkbox"/> Hernia Surgery      | <input type="checkbox"/> Other: _____                          |

### Acknowledgement Signatures

I acknowledge that I have read the completed Questionnaire, or have had it read to me, and agree that all the answers are true and complete to the best of my knowledge and belief. I understand that Farmers New World Life Insurance Company will rely upon this completed Questionnaire to determine my insurability. This Questionnaire will be attached to and made a part of the policy contract, if issued.

I also acknowledge that I have read, or have had read to me, and that I understand the fraud warning and/or other notice listed on Form 31-4226 for my state of residence, if any.

\_\_\_\_\_  
Signature of Proposed Insured/Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent (if present) or Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Representative Code Number (or Relationship, if a Witness)

**Farmers New World Life Insurance Company**

{ Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400  
Columbus Life Office: PO Box 182325, Columbus, OH 43218-2325 (614) 764-9975 }

## ENDORSEMENT

Pursuant to Your request to exercise the Reduced Paid-Up Life Insurance Nonforfeiture Option, Your policy will continue as Paid-Up Life Insurance effective \_\_\_\_\_. The Face Amount of the policy has been reduced to \_\_\_\_\_. Premium Payments are no longer required or allowed.

### Table of Reduced Paid-Up Cash Values

The Reduced Paid-Up Cash Values are based on the Insured's Attained Age and are for each \$1,000 of Reduced Paid-Up Life Insurance.

Guaranteed Reduced Paid-Up Cash Values									
Attained Age	Cash Value	Attained Age	Cash Value	Attained Age	Cash Value	Attained Age	Cash Value	Attained Age	Cash Value
21	113.25	42	241.70	63	487.83	84	785.64	105	920.04
22	117.22	43	250.62	64	501.97	85	797.06	106	923.31
23	121.37	44	259.79	65	516.19	86	807.92	107	926.49
24	125.69	45	269.21	66	530.51	87	818.14	108	929.58
25	130.19	46	278.89	67	544.97	88	827.69	109	932.57
26	134.86	47	288.85	68	559.58	89	836.54	110	935.48
27	139.69	48	299.12	69	574.38	90	844.70	111	938.29
28	144.72	49	309.75	70	589.34	91	852.27	112	941.00
29	149.99	50	320.75	71	604.38	92	859.41	113	943.62
30	155.49	51	332.07	72	619.42	93	866.14	114	946.15
31	161.25	52	343.71	73	634.35	94	872.42	115	948.58
32	167.26	53	355.64	74	649.20	95	878.22	116	950.91
33	173.52	54	367.84	75	663.98	96	883.63	117	953.15
34	180.04	55	380.26	76	678.69	97	888.81	118	955.30
35	186.82	56	392.89	77	693.28	98	893.71	119	957.35
36	193.85	57	405.74	78	707.66	99	898.27	120	959.24
37	201.16	58	418.84	79	721.71	100	902.36	121	1,000.00
38	208.73	59	432.24	80	735.38	101	906.06		
39	216.56	60	445.89	81	748.60	102	909.69		
40	224.67	61	459.75	82	761.37	103	913.24		
41	233.05	62	473.75	83	773.72	104	916.69		

Attached to and made a part of this policy, effective as of the effective date of the change to Reduced Paid-Up Life Insurance.

### FARMERS NEW WORLD LIFE INSURANCE COMPANY



C. Paul Patsis  
President



Brian F. Kreger  
Secretary

## ENDORSEMENT

Policy Number: (001234567)

The Issue Date of this policy is (May 16, 2008) .

(John Doe)  
Signature of Policy Owner

(May 16, 2008)  
Date

Attached to and made part of this policy, effective as of the issue date noted above.

### FARMERS NEW WORLD LIFE INSURANCE COMPANY



C. Paul Patsis  
President



Brian F. Kreger  
Secretary

## ENDORSEMENT

Policy Number: [001234567]

Effective [September 12, 2009], the Face Amount for this policy has been reduced to \$ 100,000.

Future Premiums for this policy are as shown below.

Mode: [Monthly EFT/Credit or Debit Card]

Premium: \$ [45.00]

Attached to and made part of this policy, effective as of the effective date of the decrease in Face Amount.

### FARMERS NEW WORLD LIFE INSURANCE COMPANY



C. Paul Patsis  
President



Brian F. Kreger  
Secretary

## ENDORSEMENT

Policy Number: [001234567]\_\_\_\_\_

Effective [September 12, 2009], the Premium Class for this policy has been changed to Non-Nicotine.

Future Premiums for this policy are as shown below.

Mode: [Monthly EFT/Credit or Debit Card]

Premium: \$ [23.00]\_\_\_\_\_

Attached to and made part of this policy, effective as of the effective date of the change in Premium Class.

### FARMERS NEW WORLD LIFE INSURANCE COMPANY



C. Paul Patsis  
President



Brian F. Kreger  
Secretary

<i>SERFF Tracking Number:</i>	<i>FNWW-125728496</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Farmers New World Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40854</i>
<i>Company Tracking Number:</i>	<i>2008-FESWL</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Simple Whole Life</i>		
<i>Project Name/Number:</i>	<i>FESWL/</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FNWW-125728496 State: Arkansas  
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 40854  
Company Tracking Number: 2008-FESWL  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Simple Whole Life  
Project Name/Number: FESWL/

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 07/09/2008  
**Comments:**  
**Attachments:**  
Policyholder Notice.pdf  
Flesch Score.pdf  
Certification 19.pdf

### Review Status:

**Satisfied -Name:** Filing Letter 11/12/2008  
**Comments:**  
**Attachment:**  
Filing Letter.pdf

### Review Status:

**Satisfied -Name:** Chart of replaced forms 11/12/2008  
**Comments:**  
**Attachment:**  
Chart of replaced forms.pdf

### Review Status:

**Satisfied -Name:** Drill Down Document 11/12/2008  
**Comments:**  
This document is attached as supplemental information in addition to the application.  
**Attachment:**  
Drill Downs.pdf

### Review Status:

**Satisfied -Name:** Fraud Warning 11/12/2008  
**Comments:**  
This Fraud Warning will be attached to the application. It has been previously approved in Arkansas.

<i>SERFF Tracking Number:</i>	<i>FNWW-125728496</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Farmers New World Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40854</i>
<i>Company Tracking Number:</i>	<i>2008-FESWL</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Simple Whole Life</i>		
<i>Project Name/Number:</i>	<i>FESWL/</i>		

**Attachment:**

31-4226 Fraud Warning.pdf



<i>SERFF Tracking Number:</i>	<i>FNWW-125728496</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Farmers New World Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40854</i>
<i>Company Tracking Number:</i>	<i>2008-FESWL</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Simple Whole Life</i>		
<i>Project Name/Number:</i>	<i>FESWL/</i>		

**Review Status:**

**Satisfied -Name:** Illustrations

11/12/2008

**Comments:**

**Attachments:**

Premium Paying 2008-352.pdf

Single Premium 2008-354.pdf

## POLICY SPECIFICATIONS ENDORSEMENT

For your information the addresses and telephone numbers of your Policy Servicing Office, your insurance agent, and the Arkansas Insurance Department are listed below:

Farmers New World Life  
Variable Policy Service Office  
P. O. Box 724208  
Atlanta, GA 31139  
(800) 472-7101

Agent:

Address:

Telephone:

If we at Farmers New World Life fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
Telephone: (501) 371-2640 / (800) 852-5494

Attached to and made a part of this policy effective as of the date of issue of the policy.

### FARMERS NEW WORLD LIFE INSURANCE COMPANY



C. Paul Patsis  
President



John R. Patton  
Secretary

**ARKANSAS  
READABILITY CERTIFICATE**

The undersigned certifies as follows:

1. The Flesch scores of the enclosed forms are:

<u>Form Number</u>	<u>Form Name</u>	<u>Flesch Score</u>
2008-352	Farmers EssentialLife Simple Whole Life	44
2008-354	Farmers Essentiallife Simple Whole Life-Single Premium	45.7
2008-100(WL)ADB	Accidental Death Benefit	47
2008-100(LT)ADB	Accidental Death Benefit Rider	46.3
2008-100(JT LT)ADB	Accidental Death Benefit Rider	43.4
2008-100(DT)ADB	Accidental Death Benefit Rider	44.5
2008-100(UL)ADB	Accidental Death Benefit Rider	48.2
2008-171 GIBRider	Option to Purchase Additional Insurance Rider	46.4
2008-90(WL)WP	Waiver of Premium Disability Benefit Rider	46.1
2008-92(WL)OwnerWP	Owner Waiver of Premium Rider	47.7
2008-107(WL)CTIR	Children's Term Insurance Rider	50
31-4472	Simple Application for Life Insurance	58
51-1470	Medical Questionnaire	43.8
51-1471	Non Medical Questionnaire	44.3
51-1277	Disability Questionnaire	52.3
RPU(WL)Endo	Endorsement	47.7
2007 Redate Endo	Endorsement	82.4
Decrease(WL)Endo	Endorsement	64.2
Non Nicotine(WL)	Endo Endorsement	58.8

2. The form complies with the requirements of Arkansas Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



By: \_\_\_\_\_

Ryan R. Larson

Title: Vice President and Chief Actuary

Date: May 31, 2007

**ARKANSAS  
Certification**

The undersigned certifies that to the best of his knowledge, information, and belief, the guidelines in Arkansas Bulletin No. 11-83 have been reviewed and that the following forms are in compliance with these guidelines.

The undersigned certifies that to the best of his knowledge, information, and belief, Rule and Regulation 19 has been reviewed and that the following forms are in compliance with this Rule.

Form Number

Form

2008-352 Farmers EssentialLife Simple Whole Life 44  
2008-354 Farmers EssentialLife Simple Whole Life-Single Premium 45.7  
2008-100(WL)ADB Accidental Death Benefit 47  
2008-100(LT)ADB Accidental Death Benefit Rider 46.3  
2008-100(JT)ADB Accidental Death Benefit Rider 43.4  
2008-100(DT)ADB Accidental Death Benefit Rider 44.5  
2008-100(UL)ADB Accidental Death Benefit Rider 48.2  
2008-171GIB Option to Purchase Additional Insurance Rider 46.4  
2008-90(WL)WP Waiver of Premium Disability Benefit Rider 46.1  
2008-92(WL)OWP Owner Waiver of Premium Rider 47.7  
2008-107(WL)CTIR Children's Term Insurance Rider 50  
31-4474 Simple Application for Life Insurance 58  
31-4475 TIA Agreement 58  
31-4491 Overflow Addendum 58  
51-1491 Simple Application Change Acceptance 53.7  
51-1470 Medical Questionnaire 43.8  
51-1471 Non Medical Questionnaire 44.3  
51-1277 Disability Questionnaire 52.3  
2008 RPU WLEndo Endorsement 47.7  
2007 Redate Endo Endorsement 82.4  
Dec WLEndo Endorsement 64.2  
NonNic WLEndo Endorsement 58.8

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



By: \_\_\_\_\_

Name: Ryan R. Larson

Title: Vice President And Chief Actuary

Date: November 12, 2008

NAIC NO.: 0212-63177 State ID: FEIN: 91-0335750

2008-352 Farmers EssentialLife Simple Whole Life  
2008-354 Farmers EssentialLife Simple Whole Life-Single Premium  
31-4472 Simple Application for Life Insurance  
31-4473 TIA Agreement  
Addendum Overflow Addendum  
51-1491 Simple Application Change Acceptance  
51-1470 Medical Questionnaire  
51-1471 Non Medical Questionnaire  
51-1277 Disability Questionnaire

2008-90(WL)WP Waiver of Premium Disability Benefit Rider  
2008-100(WL)ADB Accidental Death Benefit Rider  
2008-92(WL)OWP Owner Waiver of Premium Rider  
2008-171GIB Option to Purchase Additional Insurance Rider  
2008-107(WL)CTIR Children's Term Insurance Rider

2008 RPU WLEndo Endorsement  
2007 Redate Endo Endorsement  
Dec WLEndo Endorsement  
NonNic WLEndo Endorsement

2008-100(LT)ADB Accidental Death Benefit Rider  
2008-100(JT)ADB Accidental Death Benefit Rider  
2008-100(DT)ADB Accidental Death Benefit Rider  
2008-100(UL)ADB Accidental Death Benefit Rider

We are submitting for your review and approval, a copy of Farmers EssentialLife Simple Whole Life.

Form 2008-352 is a premium paying individual, non-participating Whole Life policy and 2008-354 is a Single Premium version of the same form. We are also submitting a number of forms that will be used in the application and issue process of these plans.

This plan will be sold on an illustrated basis.

Face Amount Limits:

Minimum on 2008-352: \$25,000. Minimum on 2008-354: \$10,000. Maximums: 00-17: \$150,000, 18-55: \$250,000, 56-65: \$150,000, 66-80 (on Single Premium, 66-75): \$50,000. These limits may change in the future.

Policy fees for this product are:

Annual: \$99.00, Semi-Annual: \$51.00, Quarterly: \$26.00, Monthly: \$9.00, Monthly BCP (EFT): \$5.00. Only EFT is available at issue.

Policy fee for Single Premium plan: \$99.00.

- Form 31-4472, Simple Application for Life Insurance.  
Form 31-4473 TIA Agreement-This will print only if the applicant qualifies for the TIA Agreement.

This is an electronic application accessible to our agents online that will be used in marketing the previously described policies, and for our Simple Term plan, 2005-261-271. We also plan to use it when the insured/owner requests a reinstatement of a lapsed policy.

In section M, Medical and Supplemental Information, Juveniles, ages 0-12 will NOT be asked questions 1, 4, 9, 10, 11, and not B, regarding driving record. Only applicants 66 and older will be asked questions 13-19. This application may be “reflexive” in the future, and only show the questions actually asked. The illustration question E, will only be used with this Whole Life plan, but not with the Simple Term plan mentioned above.

Fraud Warning-31-4226 was previously approved in your state. This form will be attached to the application.

Application form fields will be completed by the applicant at the time of application. The Medical and Supplemental Information questions are reflexive, depending upon the applicant’s response. Should the applicant respond “Yes” to any of these questions, the application will prompt the applicant for additional information via a series of “drill-down”, or reflexive questions. The “drill-down”, or reflexive questions are provided informationally in the Supporting Documentation section as “Simple Application Drill Down Questions”.

Upon completion, the application may be signed by the applicant and licensed insurance agent using an electronic keypad similar to keypads commonly used to capture signatures for retail store credit card purchases. Alternatively, the application may be printed and “wet signed” by both the applicant and agent then sent to the Company. In either case, the data captured while completing the application will be transmitted electronically to the Company for processing.

- Overflow Addendum. This form will be used on this and any electronically completed application when the answers to the questions on the application do not fit on the application. There will be a reference to the question # .
- 51-1491. Simple Application Change Acceptance. If the proposed insured qualifies for a higher face amount than applied for, we will offer an increase. We will use this form for the applicant to accept the higher face amount.
- 51-1470 Medical Questionnaire. This form will be sent by the Company if further clarification is needed. The form is completed and signed by the Proposed Insured’s primary physician or healthcare provider, and returned to the Company.
- 51-1471 Non Medical Questionnaire. This form will be sent by the Company if further clarification is needed. The form is to be completed by the Proposed Insured, and returned to the Company.
- 51-1277 Disability Questionnaire. At the time of application the applicant is given the option of applying for the Accidental Death Benefit Rider or Waiver of Premium Rider. If, however, the Proposed Insured does not apply for the Accidental Death Benefit Rider or Waiver of Premium Rider at the time of application, but chooses to add the coverage after policy issue, he or she may apply for the coverage by completing, signing and returning the Disability Questionnaire to the Company.
- 2008 RPU WLEndo Endorsement. This endorsement will be used when the insured selects Reduced Paid Up insurance as a Nonforfeiture option.

- 2007 Redate Endo Endorsement. This endorsement will be used to redate a policy at issue without having to recreate the entire contract.
- Dec WLEndo Endorsement. This endorsement will be used after issue, when the insured requests a decrease in face amount on a policy.
- NonNic WLEndo Endorsement. This endorsement will be used after issue when the insured requests a change to Non Nicotine status.
- Accidental Death Benefit Rider. The following rider, 2008-100(WL)ADB is revised to be used with this plan. Issue ages 1-60. Minimum is \$10,000 with a maximum of the face amount of the policy, not to exceed \$300,000, all companies combined. Additional riders have also been updated and will be used for our term plans and universal life policies.
- 2008-100(WL)ADB Accidental Death Benefit Rider
- 2008-171GIB Option to Purchase Additional Insurance Rider. Issue ages 0-15. Face amount minimum \$10,000; maximum \$25,000, not to exceed the original face amount of the policy.
- 2008-90(WL)WP Waiver of Premium Disability Benefit Rider. Issue ages 21-55.
- 2008-92(WL)OWP Owner Waiver of Premium Rider. This waiver of premium rider is new and will be used with this plan. Issue ages 0-20, owner ages 21-55.
- 2008-107(WL)CTIR Children's Term Insurance Rider. Issue ages 21-55. Child 0-19. Minimum is \$2,000 and maximum \$25,000 for all coverage combined.

The following ADB riders have been revised to be consistent with the new rider we are filing for this plan. They will be used with plans already approved by your state.

- 2008-100(LT)ADB Accidental Death Benefit Rider - to be used on Level Term Plan
- 2008-100(DT)ADB Accidental Death Benefit Rider - to be used on Decreasing Term Plan
- 2008-100(JT)ADB Accidental Death Benefit Rider - to be used with Joint rider
- 2008-100(UL)ADB Accidental Death Benefit Rider - to be used with Universal Life Plan

The following rider, previously approved , will be used with this plan:

- 2004-127 ABR-TI Accelerated Benefit Rider.

Customers with a relationship with the company or an affiliate may receive up to six percent (on the Single Pay plan, up to four percent) reduction in premium rate for the base policy, to reflect certain expense savings and better persistency experience of these customers. There is no discount on the policy fee.

This product will be marketed by licensed representatives who are appointed with the company. When approved, this plan will replace our current Whole Life plans. Please see the attached list of approval dates.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. We plan to introduce these forms in your state once approval has been received. This product will be marketed by licensed representatives who are appointed with the

company, through an agency distribution system. No advertising for the filed form has been developed for use in your state. To the best of our knowledge, these forms comply with the laws of your state and department.

Farmers takes care to assure that printer-based variations are minimized; however, should changes occur, such changes will not alter the content or meaning of any approved forms. Note the forms may be printed in other formats or via electronic media (e.g. CD-Rom, Internet, and Intranet). Distribution and access may also be via hard copy and electronic media. In all cases the forms will meet or exceed the minimum standards of your state readability requirements.

Christine Andreason

Contract Specialist



The following plans will be replaced when the filed plans are approved:			
Arkansas	1992-105	11/25/1991	Approved
	1996-105U	9/12/1995	Approved
	1995-112	9/26/1994	Approved

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# FESWL and Simple Term – LifeNet

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## Question 1 – Nicotine

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Have you, in the past 12 months, used Tobacco or Nicotine products in any form?

- ☐ Yes ☐ No

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## Question 2 – Drugs

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Have you, in the past 10 years, used illegal drugs, or consulted a healthcare provider or treatment facility for abuse of alcohol or drugs (including prescription drugs)?

- ☐ Yes ☐ No

**(Check all that apply)**

- ☒ Abuse of Pain Killers
- ☒ Abuse of Sedatives
- ☒ Abuse of Other Prescription Drugs
- ☒ Alcoholism / Abuse of Alcohol
- ☒ Amphetamines
- ☒ Barbiturates
- ☒ Cocaine
- ☒ Hallucinogens
- ☒ Marijuana
  - ☒ Treatment Received/Advised
  - ☒ Hospitalization Required
  - ☒ Used within past 12 months
  - ☒ None of the above
- ☒ Narcotics
- ☒ Other

### MN State Variation

Have you, in the past five years, used illegal drugs, or consulted a healthcare provider or treatment facility for abuse of alcohol or drugs (including prescription drugs)?

- ☐ Yes ☐ No

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## Question 3 – Criminal

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Have you, in the past 10 years, pled guilty or no contest to or been convicted of a felony offense, been incarcerated for a felony offense, or been placed on probation or parole for a felony offense, or are felony charges currently outstanding against you?

- ☐ Yes ☐ No

**(Check all that apply)**

- ☒ Incarceration for a felony
  - ☒ Completed five or more years ago
  - ☒ Completed less than five years ago
- ☒ Parole
  - ☒ Completed five or more years ago
  - ☒ Completed less than five years ago
- ☒ Pending Felony Charges
- ☒ Probation
  - ☒ Completed five or more years ago
  - ☒ Completed less than five years ago

### MN State Variation

Have you, in the past 5 years, been convicted of a felony offense, been incarcerated for a felony offense, or been placed on probation or parole for a felony offense?

- ☐ Yes ☐ No

**(Check all that apply)**

- ☒ Incarceration - Completed less than five years ago
- ☒ Parole - Completed less than five years ago
- ☒ Probation - Completed less than five years ago

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## Question 4.1 – Travel

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Do you anticipate residence or travel, including military deployment, outside the United States during the next two years (excluding travel as a pilot or crew member of a commercial flight)?

- ☐ Yes ☐ No

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**(Check all that apply)**

A B C D-F G H-J K-L M N O-R S T U-Z Other

Alphabetize columns (not rows)

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> Afghanistan                | <input checked="" type="checkbox"/> Egypt                 | <input checked="" type="checkbox"/> Malawi                | <input checked="" type="checkbox"/> South Korea          |
| <input checked="" type="checkbox"/> Albania                    | <input checked="" type="checkbox"/> El Salvador           | <input checked="" type="checkbox"/> Malaysia              | <input checked="" type="checkbox"/> Spain                |
| <input checked="" type="checkbox"/> Algeria                    | <input checked="" type="checkbox"/> England               | <input checked="" type="checkbox"/> Maldives              | <input checked="" type="checkbox"/> Sri Lanka            |
| <input checked="" type="checkbox"/> Andorra                    | <input checked="" type="checkbox"/> Equatorial Guinea     | <input checked="" type="checkbox"/> Mali                  | <input checked="" type="checkbox"/> St. Barthelemy       |
| <input checked="" type="checkbox"/> Angola                     | <input checked="" type="checkbox"/> Eritrea               | <input checked="" type="checkbox"/> Malta                 | <input checked="" type="checkbox"/> St. John             |
| <input checked="" type="checkbox"/> Anguilla                   | <input checked="" type="checkbox"/> Estonia               | <input checked="" type="checkbox"/> Marshall Islands      | <input checked="" type="checkbox"/> St. Kitts            |
| <input checked="" type="checkbox"/> Antigua                    | <input checked="" type="checkbox"/> Ethiopia              | <input checked="" type="checkbox"/> Martinique            | <input checked="" type="checkbox"/> St. Lucia            |
| <input checked="" type="checkbox"/> Argentina                  | <input checked="" type="checkbox"/> Fiji                  | <input checked="" type="checkbox"/> Mauritania            | <input checked="" type="checkbox"/> St. Martin           |
| <input checked="" type="checkbox"/> Armenia                    | <input checked="" type="checkbox"/> Finland               | <input checked="" type="checkbox"/> Mauritius             | <input checked="" type="checkbox"/> St. Nevis            |
| <input checked="" type="checkbox"/> Aruba                      | <input checked="" type="checkbox"/> France                | <input checked="" type="checkbox"/> Mexico                | <input checked="" type="checkbox"/> St. Thomas           |
| <input checked="" type="checkbox"/> Australia                  | <input checked="" type="checkbox"/> French Guiana         | <input checked="" type="checkbox"/> Micronesia            | <input checked="" type="checkbox"/> St. Vincent          |
| <input checked="" type="checkbox"/> Austria                    | <input checked="" type="checkbox"/> French Polynesia      | <input checked="" type="checkbox"/> Monaco                | <input checked="" type="checkbox"/> Sudan                |
| <input checked="" type="checkbox"/> Azerbaijan                 | <input checked="" type="checkbox"/> Gabon                 | <input checked="" type="checkbox"/> Mongolia              | <input checked="" type="checkbox"/> Surinam              |
| <input checked="" type="checkbox"/> Bahamas                    | <input checked="" type="checkbox"/> Gambia                | <input checked="" type="checkbox"/> Monserrat             | <input checked="" type="checkbox"/> Swaziland            |
| <input checked="" type="checkbox"/> Bahrain                    | <input checked="" type="checkbox"/> Georgia               | <input checked="" type="checkbox"/> Montenegro            | <input checked="" type="checkbox"/> Sweden               |
| <input checked="" type="checkbox"/> Bangladesh                 | <input checked="" type="checkbox"/> Germany               | <input checked="" type="checkbox"/> Morocco               | <input checked="" type="checkbox"/> Switzerland          |
| <input checked="" type="checkbox"/> Barbados                   | <input checked="" type="checkbox"/> Ghana                 | <input checked="" type="checkbox"/> Mozambique            | <input checked="" type="checkbox"/> Syria                |
| <input checked="" type="checkbox"/> Barbuda                    | <input checked="" type="checkbox"/> Greece                | <input checked="" type="checkbox"/> Myanmar (Burma)       | <input checked="" type="checkbox"/> Taiwan               |
| <input checked="" type="checkbox"/> Belarus                    | <input checked="" type="checkbox"/> Greenland             | <input checked="" type="checkbox"/> Namibia               | <input checked="" type="checkbox"/> Tajikistan           |
| <input checked="" type="checkbox"/> Belgium                    | <input checked="" type="checkbox"/> Grenada               | <input checked="" type="checkbox"/> Nauru                 | <input checked="" type="checkbox"/> Tanzania             |
| <input checked="" type="checkbox"/> Belize                     | <input checked="" type="checkbox"/> Grenadines            | <input checked="" type="checkbox"/> Nepal                 | <input checked="" type="checkbox"/> Thailand             |
| <input checked="" type="checkbox"/> Benin                      | <input checked="" type="checkbox"/> Guadeloupe            | <input checked="" type="checkbox"/> Netherlands (Holland) | <input checked="" type="checkbox"/> Tibet                |
| <input checked="" type="checkbox"/> Bermuda                    | <input checked="" type="checkbox"/> Guam                  | <input checked="" type="checkbox"/> Netherlands Antilles  | <input checked="" type="checkbox"/> Tobago               |
| <input checked="" type="checkbox"/> Bhutan                     | <input checked="" type="checkbox"/> Guatemala             | <input checked="" type="checkbox"/> New Caledonia         | <input checked="" type="checkbox"/> Togo                 |
| <input checked="" type="checkbox"/> Bolivia                    | <input checked="" type="checkbox"/> Guinea                | <input checked="" type="checkbox"/> New Guinea            | <input checked="" type="checkbox"/> Tokelau              |
| <input checked="" type="checkbox"/> Bonaire                    | <input checked="" type="checkbox"/> Guinea-Bissau         | <input checked="" type="checkbox"/> New Zealand           | <input checked="" type="checkbox"/> Tonga                |
| <input checked="" type="checkbox"/> Bosnia Herzegovina         | <input checked="" type="checkbox"/> Guyana                | <input checked="" type="checkbox"/> Nicaragua             | <input checked="" type="checkbox"/> Trinidad             |
| <input checked="" type="checkbox"/> Botswana                   | <input checked="" type="checkbox"/> Haiti                 | <input checked="" type="checkbox"/> Niger                 | <input checked="" type="checkbox"/> Tunisia              |
| <input checked="" type="checkbox"/> Brazil                     | <input checked="" type="checkbox"/> Holland (Netherlands) | <input checked="" type="checkbox"/> Nigeria               | <input checked="" type="checkbox"/> Turkey (Eastern)     |
| <input checked="" type="checkbox"/> Brunei                     | <input checked="" type="checkbox"/> Honduras              | <input checked="" type="checkbox"/> Niue                  | <input checked="" type="checkbox"/> Turkey (Western)     |
| <input checked="" type="checkbox"/> Bulgaria                   | <input checked="" type="checkbox"/> Hong Kong             | <input checked="" type="checkbox"/> North Korea           | <input checked="" type="checkbox"/> Turkmenistan         |
| <input checked="" type="checkbox"/> Burkino Faso               | <input checked="" type="checkbox"/> Hungary               | <input checked="" type="checkbox"/> Northern Marianas     | <input checked="" type="checkbox"/> Turks                |
| <input checked="" type="checkbox"/> Burma (Myanmar)            | <input checked="" type="checkbox"/> Iceland               | <input checked="" type="checkbox"/> Norway                | <input checked="" type="checkbox"/> Tuvalu               |
| <input checked="" type="checkbox"/> Burundi                    | <input checked="" type="checkbox"/> India                 | <input checked="" type="checkbox"/> Oman                  | <input checked="" type="checkbox"/> Uganda               |
| <input checked="" type="checkbox"/> Caicos Islands             | <input checked="" type="checkbox"/> Indonesia             | <input checked="" type="checkbox"/> Pakistan              | <input checked="" type="checkbox"/> Ukraine              |
| <input checked="" type="checkbox"/> Cambodia                   | <input checked="" type="checkbox"/> Iran                  | <input checked="" type="checkbox"/> Palau                 | <input checked="" type="checkbox"/> United Arab Emirates |
| <input checked="" type="checkbox"/> Cameroon                   | <input checked="" type="checkbox"/> Iraq                  | <input checked="" type="checkbox"/> Panama                | <input checked="" type="checkbox"/> United Kingdom       |
| <input checked="" type="checkbox"/> Canada                     | <input checked="" type="checkbox"/> Ireland               | <input checked="" type="checkbox"/> Paraguay              | <input checked="" type="checkbox"/> Uruguay              |
| <input checked="" type="checkbox"/> Canary Islands             | <input checked="" type="checkbox"/> Israel                | <input checked="" type="checkbox"/> Peru                  | <input checked="" type="checkbox"/> US Protectorates     |
| <input checked="" type="checkbox"/> Cape Verde Islands         | <input checked="" type="checkbox"/> Italy                 | <input checked="" type="checkbox"/> Philippines           | <input checked="" type="checkbox"/> Uzbekistan           |
| <input checked="" type="checkbox"/> Cayman Islands             | <input checked="" type="checkbox"/> Ivory Coast           | <input checked="" type="checkbox"/> Poland                | <input checked="" type="checkbox"/> Vanuatu              |
| <input checked="" type="checkbox"/> Central African Republic   | <input checked="" type="checkbox"/> Jamaica               | <input checked="" type="checkbox"/> Portugal              | <input checked="" type="checkbox"/> Vatican City         |
| <input checked="" type="checkbox"/> Chad                       | <input checked="" type="checkbox"/> Japan                 | <input checked="" type="checkbox"/> Puerto Rico           | <input checked="" type="checkbox"/> Venezuela            |
| <input checked="" type="checkbox"/> Chile                      | <input checked="" type="checkbox"/> Jordan                | <input checked="" type="checkbox"/> Qatar                 | <input checked="" type="checkbox"/> Vietnam              |
| <input checked="" type="checkbox"/> China                      | <input checked="" type="checkbox"/> Kazakhstan            | <input checked="" type="checkbox"/> Romania               | <input checked="" type="checkbox"/> Virgin Islands       |
| <input checked="" type="checkbox"/> Colombia                   | <input checked="" type="checkbox"/> Kenya                 | <input checked="" type="checkbox"/> Russia                | <input checked="" type="checkbox"/> Wales                |
| <input checked="" type="checkbox"/> Comoros                    | <input checked="" type="checkbox"/> Kiribati              | <input checked="" type="checkbox"/> Rwanda                | <input checked="" type="checkbox"/> Western Sahara       |
| <input checked="" type="checkbox"/> Congo, Democratic Republic | <input checked="" type="checkbox"/> Kuwait                | <input checked="" type="checkbox"/> Samoa                 | <input checked="" type="checkbox"/> Yemen                |
| <input checked="" type="checkbox"/> Congo, Republic of         | <input checked="" type="checkbox"/> Kyrgyzstan            | <input checked="" type="checkbox"/> San Marino            | <input checked="" type="checkbox"/> Yugoslavia           |
| <input checked="" type="checkbox"/> Cook Islands               | <input checked="" type="checkbox"/> Laos                  | <input checked="" type="checkbox"/> Sao Tome and Principe | <input checked="" type="checkbox"/> Zambia               |
| <input checked="" type="checkbox"/> Costa Rica                 | <input checked="" type="checkbox"/> Latvia                | <input checked="" type="checkbox"/> Saudi Arabia          | <input checked="" type="checkbox"/> Zimbabwe             |
| <input checked="" type="checkbox"/> Croatia                    | <input checked="" type="checkbox"/> Lebanon               | <input checked="" type="checkbox"/> Scotland              |  |
| <input checked="" type="checkbox"/> Cuba                       | <input checked="" type="checkbox"/> Lesotho               | <input checked="" type="checkbox"/> Senegal               |  |
| <input checked="" type="checkbox"/> Curacao                    | <input checked="" type="checkbox"/> Liberia               | <input checked="" type="checkbox"/> Serbia                |  |
| <input checked="" type="checkbox"/> Cyprus                     | <input checked="" type="checkbox"/> Libya                 | <input checked="" type="checkbox"/> Seychelles            |  |
| <input checked="" type="checkbox"/> Czech Republic             | <input checked="" type="checkbox"/> Liechtenstein         | <input checked="" type="checkbox"/> Sierra Leone          |  |
| <input checked="" type="checkbox"/> Denmark                    | <input checked="" type="checkbox"/> Lithuania             | <input checked="" type="checkbox"/> Singapore             |  |
| <input checked="" type="checkbox"/> Djibouti                   | <input checked="" type="checkbox"/> Luxembourg            | <input checked="" type="checkbox"/> Slovak Republic       |  |
| <input checked="" type="checkbox"/> Dominica                   | <input checked="" type="checkbox"/> Macau                 | <input checked="" type="checkbox"/> Slovenia              |  |
| <input checked="" type="checkbox"/> Dominican Republic         | <input checked="" type="checkbox"/> Macedonia             | <input checked="" type="checkbox"/> Solomon Islands       |  |
| <input checked="" type="checkbox"/> Ecuador                    | <input checked="" type="checkbox"/> Madagascar            | <input checked="" type="checkbox"/> Somalia               |  |
|  | <input checked="" type="checkbox"/> Madeira               | <input checked="" type="checkbox"/> South Africa          |  |

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**Travel – Other**

**(Check all that apply)**

- ☒ Africa  
☒ Antarctica

- ☒ Asia
- ☒ Caribbean
- ☒ Central America
- ☒ Europe
- ☒ Middle East
- ☒ North America
- ☒ Australia and Oceania
- ☒ South America

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### Question 4.2 Travel – Length of Stay

Do you anticipate the total number of days traveled or resided, including military deployment, outside the United States during the next two years to exceed 90 days (excluding travel as a pilot or crew member of a commercial flight)?

- ☐ Yes ☐ No

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### Question 5 – Avocation

Have you, in the past three years, participated in or do you plan to participate in any of the following activities?

- ☐ Yes ☐ No

**(Check all that apply)**

- ☒ Ballooning
- ☒ Hang Gliding
- ☒ Parachuting
- ☒ Skydiving
- ☒ Other Aeronautics
- ☒ Boat Racing
- ☒ Car Racing
- ☒ Motorcycle Racing
- ☒ Other Racing
- ☒ Scuba Diving
  - ☒ No dives deeper than 75 feet
  - ☒ Some dives deeper than 75 feet
- ☒ Hiking – No specialized equipment (crampons, climbing ropes, etc.)
- ☒ Mountain climbing - Specialized equipment (crampons, climbing ropes, etc.)
- ☒ Rock climbing - Specialized equipment (carabiners, pitons, climbing ropes, etc.)
- ☒ Other Similar Hazardous Activities

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### MN State Variation

Have you, in the past three years, participated in or do you plan to participate in any of the following activities?

- ☐ Yes ☐ No

Remove check box for:

- ☒ Other Similar Hazardous Activities

Change check boxes for racing to:

Organized Speed Contests

- ☒ Car
- ☒ Motorcycle
- ☒ Boat
- ☒ Other

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### Question 6 – Aviation

Have you, in the past three years, piloted an aircraft, or do you have any intention of flying in the future other than as a passenger on a scheduled airline flight?

- ☐ Yes ☐ No

**(Check all that apply)**

- ☒ Commercial Pilot
- ☒ Corporate Pilot
- ☒ Instructor
- ☒ Military Pilot
- ☒ Non-Pilot Crewmember
- ☒ Private Pilot
  - ☒ Less than 100 solo hours
  - ☒ 100 or more solo hours
    - ☒ Less than 50 hours annually
    - ☒ 50-250 hours annually
    - ☒ More than 250 hours annually

- ☒ Student Pilot
- ☒ Test Pilot
- ☒ Other Aviation Activity

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## Question 7 – Driving

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Have you, in the past five years, pled guilty or no contest to or been convicted of driving under the influence (DUI/DWI) or reckless/careless driving; or in the past three years, had three or more moving violations, or had your driver's license suspended, revoked, cancelled, or withdrawn?

- ☐ Yes ☐ No

**Check all that apply:**

- ☒ Careless Reckless Driving
- ☒ DUI/DWI
  - ☒ One violation
    - ☒ Violation occurred within past three years
    - ☒ Violation occurred more than three years ago
  - ☒ More than one violation
    - ☒ All occurred over five years ago
    - ☒ Only one occurred in the past five years
    - ☒ More than one occurred in the past five years
- ☒ License Suspended/Revoked/Cancelled/Withdrawn
  - ☒ Currently
  - ☒ Within past 24 months
    - ☒ Due to Driving Violations
    - ☒ Medical Condition
    - ☒ Parking Violation/Failure to Pay Fine
    - ☒ Lack of Insurance
    - ☒ Felony/Misdemeanor
    - ☒ Other
- ☒ Moving Violations
 

Number of moving violations:

  - ☒ Fewer than three in the past three years
  - ☒ Three or more in the past three years
- ☒ Other

## MN State Variation

Have you, in the past five years been convicted of driving under the influence (DUI/DWI) or reckless/careless driving; or in the past three years, had convictions of three or more moving violations or had your driver's license suspended, revoked, cancelled or withdrawn?

- ☐ Yes ☐ No

Change 10.03 as follows for MN:

Number of Moving Violations ~~Convictions~~

- ☒ Convictions of three or more in the past three years
- ☒ Convictions of fewer than three in past three years

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## Question 8 - Health

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Have you, in the past seven years, had, consulted a physician or other healthcare provider(s) for, or been treated or hospitalized for or taken medication for:

- ☐ Yes ☐ No

**(Check all that apply)**

- ☒ Arthritis
- ☒ Blood Diseases or Disorders
- ☒ Cancer/Skin Cancer
- ☒ Circulatory System Diseases or Disorders
- ☒ Congenital Defects or Physical Impairments
- ☒ Diabetes/Endocrine/Thyroid Diseases or Disorders
- ☒ Digestive System Diseases or Disorders
- ☒ Elevated Cholesterol
- ☒ Epilepsy/Seizures, including Dizziness or Fainting
- ☒ Heart Diseases or Disorders (including Rheumatic Fever)
- ☒ High Blood Pressure
- ☒ Kidney Diseases or Disorders

- ☒ Liver Diseases or Disorders
- ☒ Lung Diseases or Disorders - including Allergies or Sleep Apnea
- ☒ Mental/Nervous Disorders, including Depression/Anxiety/Suicide
- ☒ Muscular, Spinal, Joint, or Bone Disorders or Injuries, including Concussions
- ☒ Stroke

## MD State Variation

Have you, in the past seven years, been diagnosed with, consulted a physician or other healthcare provider(s) for, or been treated or hospitalized for or taken medication for: **Check all that apply:**

## MN State Variation

The applicant does not have to disclose a bloodborne pathogen test which was administered to a crime victim, offender, inmate or corrections employee; patient or employee of a secure treatment facility, or emergency medical personnel. The term "emergency medical personnel" includes individuals employed to provide emergency medical services, such as a firefighter, paramedic, emergency medical technician, licensed nurse, rescue squad person or other individuals who serve as an employee or volunteer of an ambulance service, or member of an organized first responder squad who provides emergency medical services; licensed peace officers; crime lab personnel; an individual who renders emergency care at the scene of an emergency who is acting under the Good Samaritan Law, or an individual who, in the process of executing a citizen's arrest may have experienced significant exposure to an individual who may be a source of bloodborne pathogens.

Have you, in the past five years been medically diagnosed or treated by a member of the medical profession or hospitalized or taken medically prescribed medication for:

- ☒ Yes    ☒ No

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### Arthritis

**Check all that apply:**

- ☒ Ankylosing Spondylitis
- ☒ Fibromyalgia
- ☒ General Arthritis
- ☒ Osteoarthritis
- ☒ Rheumatoid Arthritis
- ☒ Other Arthritis

### Arthritis - Hospitalized

Have you had surgery or been hospitalized for more than 24 hours in the past two years for **(check all that apply):**

- ☒ Ankylosing Spondylitis
- ☒ Fibromyalgia
- ☒ Rheumatoid Arthritis
- ☒ Other Arthritis
- ☒ None of the above

Have you had surgery or been hospitalized for more than 24 hours in the past 6 months for **(check all that apply):**

- ☒ General Arthritis
- ☒ Osteoarthritis
- ☒ None of the above

### Arthritis - Medications

Are you taking any medications for **(check all that apply):**

- ☒ Ankylosing Spondylitis
- ☒ Fibromyalgia
- ☒ General Arthritis
- ☒ Osteoarthritis
- ☒ Rheumatoid Arthritis
  - ☒ Taken Methotrexate or other injectable drugs in the past 12 months
  - ☒ Taken Prednisone in the past 12 months
  - ☒ None of the above
- ☒ Other Arthritis
- ☒ None of the above

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### Blood Diseases or Disorders

**Check all that apply:**

- ☒ Anemia
  - ☒ Iron-Deficiency Anemia
    - ☒ Last occurrence within past two years
    - ☒ Last occurrence more than two years ago
  - ☒ Pernicious Anemia/B-12 Deficiency
- ☒ Sickle Cell Anemia
- ☒ Sickle Cell Trait

- ☒ Other Anemia
- ☒ Hemochromatosis
  - ☒ Stable iron levels for past 12 months
  - ☒ Non Stable iron levels within past 12 months
- ☒ Hemophilia
- ☒ Polycythemia
- ☒ Thalassemia
  - ☒ Minor/Trait (Alpha)
  - ☒ Major (Beta)
  - ☒ Other Thalassemia
- ☒ Other Blood Diseases or Disorders

### **Blood Disorders - Hospitalized**

Have you had surgery or been hospitalized for more than 24 hours in the past five years for

**(check all that apply):**

- ☒ Iron-Deficiency Anemia
- ☒ Hemochromatosis
- ☒ Hemophilia
- ☒ Pernicious Anemia/B-12 Deficiency
- ☒ Polycythemia
- ☒ Thalassemia
- ☒ Other Anemia
- ☒ Other Blood Diseases or Disorders
- ☒ None of the above

### **Blood Disorders - Medications**

Are you taking any medications for **(check all that apply):**

- ☒ Iron-Deficiency Anemia
- ☒ Hemophilia
- ☒ Pernicious Anemia/B-12 Deficiency
- ☒ Polycythemia
- ☒ Thalassemia
- ☒ Other Anemia
- ☒ Other Blood Diseases or Disorders
- ☒ None of the above

## **Cancer**

**Check all that apply:**

- ☒ Skin Cancer
  - ☒ Basal Cell Carcinoma
    - ☒ Six or more in past five years
    - ☒ Less than six in past five years
  - ☒ Malignant Melanoma
    - ☒ Diagnosed within the past five years
    - ☒ More than one occurrence
    - ☒ None of the above
  - ☒ Squamous Cell Carcinoma
    - ☒ Three or more in past five years
    - ☒ Less than three in past five years
- ☒ Cervical Dysplasia/Abnormal Pap Smear
  - ☒ Diagnosed as Carcinoma In-Situ
  - ☒ Treatment greater than 12 months ago
  - ☒ Last two pap smears normal
  - ☒ None of the above
- ☒ Hodgkin's Disease
- ☒ Leukemia
- ☒ Lymphoma
- ☒ Other Cancer

### **Cancer – Diagnosed/Removed/Biopsy**

**Check all that apply:**

- ☒ Other Cancer removed
- ☒ Other Cancer diagnosed within the past five years
- ☒ Other Cancer biopsy completed
- ☒ None of the above

## **Circulatory Diseases or Disorders**

**Check all that apply:**

- ☒ Aneurysm
- ☒ Arteriovenous Malformation
- ☒ Atherosclerosis
- ☒ Edema
- ☒ Embolism:
  - ☒ Cerebral Embolism

- ☒ Pulmonary Embolism
- ☒ Thromboembolism
- ☒ Other Embolism
- ☒ Peripheral Vascular Disease
- ☒ Phlebitis
- ☒ Poor Circulation
- ☒ Deep Vein Thrombosis
  - ☒ Two or more episodes in the past five years
    - ☒ Last episode within past six months
    - ☒ More than three occurrences in past three years
    - ☒ None of the above
  - ☒ Less than two episodes in the past five years
- ☒ Varicose Veins
- ☒ Other Circulatory Diseases or Disorders

### **Circulatory - Hospitalized**

Have you had surgery or been hospitalized for more than 24 hours in the past five years for  
**(check all that apply):**

- ☒ Aneurysm
- ☒ Arteriovenous Malformation
- ☒ Atherosclerosis
- ☒ Cerebral Embolism
- ☒ Edema
- ☒ Peripheral Vascular Disease
- ☒ Poor Circulation
- ☒ Deep Vein Thrombosis
- ☒ Other Circulatory Diseases or Disorders
- ☒ Other Embolism
- ☒ None of the above

Have you had surgery or been hospitalized for more than 24 hours in the past two years for  
**(check all that apply):**

- ☒ Phlebitis
- ☒ None of the above

Have you had surgery or been hospitalized for more than 24 hours in the past three years for  
**(check all that apply):**

- ☒ Pulmonary Embolism
- ☒ Thromboembolism
- ☒ None of the above

### **Circulatory - Medications**

Are you taking any medications for **(check all that apply):**

- ☒ Aneurysm
- ☒ Arteriovenous Malformation
- ☒ Atherosclerosis
- ☒ Cerebral Embolism
- ☒ Deep Vein Thrombosis
- ☒ Edema
- ☒ Peripheral Vascular Disease
- ☒ Phlebitis
- ☒ Poor Circulation
- ☒ Pulmonary Embolism
- ☒ Thromboembolism
- ☒ Other Embolism
- ☒ Other Circulatory Diseases or Disorders
- ☒ None of the above

### **Circulatory - Episodes**

Have you had more than one episode in the past five years?

**(check all that apply):**

- ☒ Pulmonary Embolism
- ☒ Thromboembolism
- ☒ None of the above

---

## **Congenital Defects / Physical Impairments**

**Check all that apply:**

- ☒ Anencephaly
- ☒ Autism



- ☒ Blindness:
  - ☒ Blindness - Congenital Defect
  - ☒ Blindness - Accident/Injury
  - ☒ Blindness – Disease
- ☒ Cleft Palate or Lip
- ☒ Club Foot/Congenital Hip Dislocation
- ☒ Deafness:
  - ☒ Deafness - Congenital Defect
  - ☒ Deafness - Accident/Injury
  - ☒ Deafness – Disease
- ☒ Down's Syndrome
- ☒ Gastrointestinal Defect
  - ☒ Had surgery to repair
  - ☒ Plan to have surgery to repair
  - ☒ Requires intravenous feeding
  - ☒ None of the above
- ☒ Glaucoma
- ☒ Heart Defect
  - ☒ Heart Valve Malformation
    - ☒ Surgery advised
    - ☒ Heart tests worsened in the past five years
    - ☒ None of the above
  - ☒ Hole in Heart/ASD/VSD/PDA/PFO
    - ☒ Hole closed on its own
    - ☒ Hospitalized in past five years
    - ☒ Surgery recommended
    - ☒ Surgically Corrected
      - ☒ Surgery within past five years
      - ☒ Surgery more than five years ago
    - ☒ None of the above
  - ☒ Other Heart Defect
- ☒ Hydrocephalus
- ☒ Metabolic Defect
  - ☒ Hypothyroidism
  - ☒ Other
- ☒ Missing Limbs:
  - ☒ Missing Limb(s) - Congenital Defect
  - ☒ Missing Limb(s) - Accident/Injury
  - ☒ Missing Limb(s) – Disease
- ☒ Spina Bifida
- ☒ Urological Defect
- ☒ Other Congenital Defects or Physical Impairments

### **Congenital Defects / Physical Impairments - Onset**

Did the onset of the condition occur in the past five years for **(check all that apply)**:

- ☒ Blindness
- ☒ Deafness
- ☒ Missing Limb(s)
- ☒ None of the above

### **Congenital Defects and Physical Impairments - Hospitalized**

Have you had surgery or been hospitalized for more than 24 hours in the past five years for:

**(check all that apply):**

- ☒ Heart Valve Malformation
- ☒ Other Defect/Impairment
- ☒ None of the above

### **Congenital Defects and Physical Impairments - Medications**

Are you taking medications for: **(check all that apply)**:

- ☒ Glaucoma
- ☒ Heart Valve Malformation
- ☒ Hole in Heart/ASD/VSD/PDA/PFO
- ☒ Other Defect/Impairment
- ☒ None of the above

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## **Diabetes/Endocrine/Thyroid**

**Check all that apply:**

- ☒ Cretinism/Myxedema
- ☒ Diabetes Mellitus –
  - ☒ Diagnosed more than 10 years ago (display if proposed insured is over 11 years old)

- ☒ Diagnosed 11 – 20 years ago
- ☒ Diagnosed 21 or more years ago
- ☒ Diagnosed 10 years ago or less (display if proposed insured is over 11 years old)
- ☒ Gestational Diabetes
  - ☒ Currently pregnant
  - ☒ Not currently pregnant
- ☒ Grave's Disease
- ☒ Hyperglycemia/Impaired Glucose Tolerance/Glucose Intolerance
- ☒ Hyperthyroidism
- ☒ Hypothyroidism/Hashimotos
- ☒ Metabolic Syndrome
- ☒ Polycystic Ovarian Syndrome (PCOS)
- ☒ Thyroiditis
- ☒ Thyroid/Parathyroid Nodule or Tumor
  - ☒ Tumor/nodule still present
  - ☒ Tumor/nodule malignant/cancerous
  - ☒ Tumor/nodule removed in past 12 months
  - ☒ None of the above
- ☒ Other Diabetes/Endocrine/Thyroid Diseases or Disorders

### **Diabetes/Endocrine/Thyroid - Hospitalized**

Have you been hospitalized within the past three years for **(check all that apply)**:

- ☒ Diabetes Mellitus
- ☒ Gestational Diabetes
- ☒ Hyperglycemia/Impaired Glucose Tolerance/Glucose Intolerance
- ☒ None of the above

Have you been hospitalized within the past 12 months for **(check all that apply)**:

- ☒ Cretinism/Myxedema
- ☒ Grave's Disease
- ☒ Hyperthyroidism
- ☒ Hypothyroidism/Hashimotos
- ☒ Metabolic Syndrome
- ☒ Polycystic Ovarian Syndrome (PCOS)
- ☒ Thyroiditis
- ☒ Other Diabetes/Endocrine/Thyroid Diseases or Disorders
- ☒ None of the above

### **Diabetes/Endocrine/Thyroid - Medications**

Are you taking any medications for **(check all that apply)**:

- ☒ Cretinism/Myxedema
- ☒ Diabetes Mellitus
  - ☒ Oral Medications
  - ☒ Insulin
- ☒ Gestational Diabetes
- ☒ Grave's Disease
- ☒ Hypothyroidism/Hashimotos
- ☒ Hyperthyroidism
- ☒ Hyperglycemia/Impaired Glucose Tolerance/Glucose Intolerance
- ☒ Metabolic Syndrome
- ☒ Polycystic Ovarian Syndrome (PCOS)
- ☒ Thyroiditis
- ☒ Other Diabetes/Endocrine/Thyroid Diseases or Disorders
- ☒ None of the above

## **Digestive**

**Check all that apply:**

- ☒ Barrett's Esophagus
- ☒ Celiac Sprue
  - ☒ Treatment within past 24 months
  - ☒ Anemia
  - ☒ Weight loss exceeding 10 lbs in past 24 months
  - ☒ None of the above
- ☒ Colitis
  - ☒ Ischemic Colitis
  - ☒ Mucous/Spastic Colitis
  - ☒ Ulcerative Colitis
- ☒ Colon Polyps
  - ☒ Cancerous polyps
  - ☒ Diagnosed with familial/congenital polyposis

- ☒ None of the above
- ☒ Crohn's Disease
- ☒ Diverticulitis
- ☒ Esophagitis
- ☒ Gallbladder Disorder
  - ☒ Gallbladder Inflammation
  - ☒ Gallstones
  - ☒ Other Gallbladder Disorder
    - ☒ Gallbladder removed
    - ☒ Cancer involved
    - ☒ None of the above
- ☒ Gastric Bypass/Weight Loss Surgery
  - ☒ Surgery within past five years
  - ☒ Experienced complications due to procedure
  - ☒ None of the above
- ☒ Gastroesophageal Reflux
- ☒ Irritable Bowel Syndrome
- ☒ Proctitis
- ☒ Ulcer
- ☒ Other Digestive Diseases or Disorders

### Digestive - Hospitalized

Have you had surgery or been hospitalized for more than 24 hours in the past five years or are you taking any medications for **(check all that apply)**:

- ☒ Barrett's Esophagus – Hospitalized
- ☒ Barrett's Esophagus – Medications
- ☒ Diverticulitis – Hospitalized
- ☒ Diverticulitis – Medications
- ☒ Esophagitis – Hospitalized
- ☒ Esophagitis – Medications
- ☒ Gastroesophageal Reflux – Hospitalized
- ☒ Gastroesophageal Reflux – Medications
- ☒ Irritable Bowel Syndrome – Medications
- ☒ None of the above

### Digestive - Episodes/Medications

Have you had more than one episode in the past five years or are you taking medications for **(check all that apply)**:

- ☒ Ulcer – More than one episode
- ☒ Ulcer – Medications
- ☒ Other Digestive Diseases or Disorders - More than one episode
- ☒ Other Digestive Diseases or Disorders – Medications
- ☒ None of the above

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### Elevated Cholesterol

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Are you taking any medications for Elevated Cholesterol? ☐ Yes ☐ No

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### Epilepsy/Seizures, including dizziness or fainting

**Check all that apply:**

- ☒ Dizziness/Vertigo
- ☒ Febrile Seizure
- ☒ Petit Mal Seizure
- ☒ Psychomotor Seizure
- ☒ Simple Partial Seizure
- ☒ Status Epilepticus
- ☒ Temporal Lobe Seizure
- ☒ Tonic Clonic/Grand Mal Seizure
- ☒ Fainting
- ☒ Other Epilepsy/Seizure Conditions

### Epilepsy/Seizures - Episodes

Have you had more than two episodes in the past three years **(check all that apply)**:

- ☒ Febrile Seizure
- ☒ Petit Mal Seizure
- ☒ Psychomotor Seizure
- ☒ Simple Partial Seizure
- ☒ Status Epilepticus
- ☒ Temporal Lobe Seizure

- ☒ Tonic Clonic/Grand Mal Seizure
- ☒ None of the above

Have you had more than two episodes in the past 12 months **(check all that apply)**:

- ☒ Dizziness/Vertigo
- ☒ Fainting
- ☒ Other Epilepsy/Seizure Conditions
- ☒ None of the above

## Epilepsy/Seizures - Medications

Are you taking any medications for **(check all that apply)**:

- ☒ Dizziness/Vertigo
- ☒ Fainting
- ☒ Febrile Seizure
- ☒ Petit Mal Seizure
- ☒ Psychomotor Seizure
- ☒ Status Epilepticus
- ☒ Simple Partial Seizure
- ☒ Temporal Lobe Seizure
- ☒ Tonic Clonic/Grand Mal Seizure
- ☒ Other Epilepsy/Seizure Conditions
- ☒ None of the above

## Heart

**Check all that apply:**

- ☒ Bypass Surgery
  - ☒ Chest Pain / Angina
  - ☒ Congestive/Chronic Heart Failure
  - ☒ Coronary Artery Disease
  - ☒ Endocarditis/Pericarditis/Myocarditis
    - ☒ Two or more episodes in the past three years
    - ☒ Permanent heart damage due to disorder
    - ☒ None of the above
  - ☒ Heart Attack / Myocardial Infarction
  - ☒ Heart Valve Malformation
    - ☒ Surgery advised
  - ☒ Irregular Heart Beat/Arrhythmia
    - ☒ Treatment with Pacemaker
      - ☒ Past
      - ☒ Present
      - ☒ Planned
  - ☒ Mitral Valve Prolapse (MVP)
    - ☒ Mitral Valve Surgery Advised/Planned
  - ☒ Murmur
    - ☒ Surgery advised
    - ☒ Surgery not advised
  - ☒ Rheumatic Fever
    - ☒ Past
    - ☒ Current
  - ☒ Other Heart Diseases or Disorders
- Display list of questions above if base level question for Heart is marked.

## Heart - Hospitalized

Have you had surgery or been hospitalized for more than 24 hours in the past five years for **(check all that apply)**:

- ☒ Chest Pain / Angina
- ☒ Irregular Heart Beat / Arrhythmia
- ☒ Heart Valve Malformation
- ☒ Murmur
- ☒ Other Heart Diseases or Disorders
- ☒ None of the above

Have you had surgery or been hospitalized for more than 24 hours in the past two years for **(check all that apply)**:

- ☒ Endocarditis/Pericarditis/Myocarditis
- ☒ None of the above

## Heart - Test Results

Have you had abnormal heart test results in the past 5 years for **(check all that apply)**:

- ☒ Chest Pain / Angina
- ☒ Heart Valve Malformation
- ☒ Murmur
- ☒ Other Heart Diseases or Disorders
- ☒ None of the above

## Heart - Medications

Are you taking any medications for **(check all that apply)**:

- ☒ Chest Pain / Angina
- ☒ Endocarditis/Pericarditis/Myocarditis
- ☒ Heart Valve Malformation-
- ☒ Mitral Valve Prolapse (MVP)
- ☒ Murmur
- ☒ Other Heart Diseases or Disorders
- ☒ None of the above

Have you been treated with medication in the past five years for **(check all that apply)**:

- ☒ Irregular Heart Beat/ Arrhythmia
  - ☒ Treatment more than two years ago
  - ☒ Treatment less than two years ago
- ☒ None of the above

---

## High Blood Pressure

Have you been hospitalized within the past three years or are you taking any medications for **(check all that apply)**:

- ☒ High Blood Pressure – Hospitalized
- ☒ High Blood Pressure – Medications
- ☒ None of the above

---

## Kidneys

**Check all that apply:**

- ☒ Removal of kidney due to disease
- ☒ Removal of kidney as a donor
- ☒ Kidney Transplant
- ☒ Kidney Insufficiency
- ☒ Dialysis
- ☒ Polycystic Kidney Disease
- ☒ Nephritis
- ☒ Glomerulonephritis

Kidney Stones:

- ☒ Stone Present: Current Obstruction
  - ☒ Hospitalized in the past two years
  - ☒ Under current treatment
  - ☒ None of the above
- ☒ Stone Present: No Current Obstruction
- ☒ History of Stone

Hydronephrosis:

- ☒ Bilateral
- ☒ Unilateral – Full Recovery
- ☒ Unilateral - Still Present
- ☒ Other Kidney Diseases or Disorders

## Kidneys - Dialysis

**Check all that apply:**

- ☒ Currently under Treatment
- ☒ Past treatment received
  - ☒ Complete Recovery

---

## Liver

### Check all that apply:

- ☒ Cirrhosis
- ☒ Fatty Liver – Non-Alcoholic Steatohepatitis (NASH)
- ☒ Fatty Liver - Steatohepatitis
- ☒ Hepatitis A – Recovered, No Current Symptoms
- ☒ Hepatitis A - Current Symptoms
- ☒ Hepatitis B
  - ☒ Chronic/Current Infection
  - ☒ Recovered and free of infection for 12 months or more
- ☒ Hepatitis C
- ☒ Jaundice – symptoms within past six months
- ☒ Liver Transplant
- ☒ Other Liver Diseases or Disorders

## Liver - Hospitalized

Have you been hospitalized for 24 hours or more in the past five years or are you taking any medications for **(check all that apply):**

- ☒ Other Liver Diseases or Disorders – Hospitalized
- ☒ Other Liver Diseases or Disorders – Medications
- ☒ None of the above

## Hepatitis B - Hospitalized

Have you been hospitalized in the past three years for **(check all that apply):**

- ☒ Hepatitis B
- ☒ None of the above

---

## Lungs

### Check all that apply:

- ☒ Allergies
- ☒ Asthma/Reactive Airway Disease
- ☒ Bronchitis
- ☒ Chronic Obstructive Pulmonary Disease/Emphysema
- ☒ Pneumonia/Acute Respiratory Infection
  - ☒ Recovered
  - ☒ Not Recovered
- ☒ Sarcoidosis
- ☒ Tuberculosis
- ☒ Other Lung Diseases or Disorders

Sleep Apnea:

- ☒ Confirmed by Sleep Study
- ☒ Not confirmed by Sleep Study

## Lungs - Hospitalized/Medications

Have you been hospitalized for more than 24 hours in the past five years or are you taking any medications for **(check all that apply):**

- ☒ Asthma/ Reactive Airway Disease – hospitalized
- ☒ Asthma/ Reactive Airway Disease – medications
  - ☒ Oral steroids/Prednisone required in past 12 months
    - ☒ Within the past 30 days
    - ☒ More than 30 days
- ☒ Allergies – hospitalized
- ☒ Allergies – medications
- ☒ Bronchitis – hospitalized
- ☒ Bronchitis – medications
  - ☒ Oral steroids/Prednisone required in past 12 months
    - ☒ Within the past 30 days
    - ☒ More than 30 days ago
- ☒ Other Lung Diseases or Disorders – hospitalized
- ☒ Other Lung Diseases or Disorders – medications
- ☒ None of the above

## Sleep Apnea Treatment

Check all that apply:

- ☒ Surgery
  - ☒ CPAP
  - ☒ Weight Loss
    - ☒ Normal sleep study after weight loss
    - ☒ Abnormal sleep study after weight loss
    - ☒ No sleep study performed after weight loss
  - ☒ Medication
  - ☒ No prescribed treatment and under continued evaluation
- 

## Mental or Nervous Disorders Including Depression/Anxiety/Suicide

Check all that apply:

- ☒ Anxiety:
  - ☒ Obsessive Compulsive Disorder
  - ☒ Panic Disorder
  - ☒ Phobia
  - ☒ Post-Traumatic Stress Disorder
  - ☒ Stress Related
  - ☒ Other
- ☒ Depression:
  - ☒ Bipolar Disorder/Manic Depression
  - ☒ Chronic Depression
  - ☒ Mild Depression due to Premenstrual Symptoms/Post Partum
  - ☒ Post Traumatic Stress Disorder
  - ☒ Situational Depression/Seasonal Mood Disorder
  - ☒ Other
- ☒ Psychosis:
  - ☒ Delusions/Hallucinations
  - ☒ Paranoia
  - ☒ Schizophrenia
  - ☒ Other
- ☒ Other:
  - ☒ Alzheimer's
  - ☒ Attention Deficit Disorder/Hyperactivity Disorder
    - ☒ School/work missed five or more times within past 12 months due to disorder
    - ☒ School/work missed less than five times within the past 12 months due to disorder
  - ☒ Dementia
  - ☒ Suicide Attempt
  - ☒ Other Mental/Nervous Disorders

## Mental or Nervous Disorders Including Depression/Anxiety - Hospitalized

Have you been hospitalized within the past three years for (check all that apply):

- Anxiety:
  - ☒ Obsessive Compulsive Disorder
  - ☒ Panic Disorder
  - ☒ Phobia
  - ☒ Post-Traumatic Stress Disorder
  - ☒ Stress Related
  - ☒ Other
- Depression:
  - ☒ Bipolar Disorder/Manic Depression
  - ☒ Chronic Depression
  - ☒ Mild Depression due to Premenstrual Symptoms/Post Partum (excluding childbirth or pregnancy)
  - ☒ Post-Traumatic Stress Disorder
  - ☒ Situational Depression/Seasonal Mood Disorder
  - ☒ Other
- Psychosis:
  - ☒ Delusions/Hallucinations
  - ☒ Paranoia
  - ☒ Schizophrenia

☒ Other

Other:

- ☒ Alzheimer's
- ☒ Attention Deficit Disorder/Hyperactivity Disorder
- ☒ Dementia
- ☒ Suicide Attempt
- ☒ Other Mental/Nervous Disorders

☒ None of the above

## Mental or Nervous Disorders Including Depression/Anxiety - Medications

Are you taking any medications for **(check all that apply)**:

Anxiety:

- ☒ Obsessive Compulsive Disorder
- ☒ Panic Disorder
- ☒ Phobia
- ☒ Post-Traumatic Stress Disorder
- ☒ Stress Related
- ☒ Other

Depression:

- ☒ Bipolar Disorder/Manic Depression
- ☒ Chronic Depression
- ☒ Mild Depression due to Premenstrual Symptoms/Post Partum
- ☒ Post-Traumatic Stress Disorder
- ☒ Situational Depression/Seasonal Mood Disorder
- ☒ Other

Psychosis:

- ☒ Delusions/Hallucinations
- ☒ Paranoia
- ☒ Schizophrenia
- ☒ Other

Other:

- ☒ Alzheimer's
- ☒ Attention Deficit Disorder/Hyperactivity Disorder
- ☒ Dementia
- ☒ Suicide Attempt
- ☒ Other Mental/Nervous Disorders

☒ None of the above

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## Muscular/Spinal/Joint/Bone Disorders or Injuries

**Check all that apply:**

- ☒ ALS / Lou Gehrig's Disease
- ☒ Bell's Palsy
  - ☒ Diagnosis in past 12 months
  - ☒ Diagnosis 13 or more months ago
- ☒ Cerebral Palsy
- ☒ Cervical Spondylotic Myelopathy
- ☒ Concussion
  - ☒ With Loss of Consciousness
  - ☒ With current symptoms
  - ☒ With Skull Fracture
  - ☒ None of the above
- ☒ Disc Disorders
- ☒ Lupus - Discoid Erythematosus
- ☒ Lupus - Systemic Erythematosus
- ☒ Multiple Sclerosis
- ☒ Muscular Dystrophy
- ☒ Osteoporosis
- ☒ Paralysis
- ☒ Parkinson's
- ☒ Poliomyelitis
- ☒ Spinal Curvature/Scoliosis
  - ☒ Mild/Moderate
  - ☒ Severe

☒ Fractures:

- ☒ Bones - Spine or Neck
  - ☒ Fully recovered
  - ☒ Not Fully recovered
- ☒ Bones – Other

Injuries Including: Sprains, Tears, Inflammation, or repetitive strain injury (such as carpal tunnel syndrome or sciatica) :

- ☒ Sprains/Tears including ACL Tear
- ☒ Inflammation
- ☒ Repetitive Strain Injury/Carpal Tunnel Syndrome/Sciatica
- ☒ Bursitis/Tendonitis/Myositis
- ☒ Neck
  - ☒ Current Symptoms
  - ☒ No Current Symptoms
- ☒ Back
  - ☒ Current Symptoms
  - ☒ NO Current Symptoms
- ☒ Other

☒ Other Muscular/Spinal/Joint/Bone Disorders



## Muscular/Spinal/Joint/Bone Disorders – Hospitalized/Medications

Have you had surgery or been hospitalized for more than 24 hours in the past five years or are you taking any medications for **(check all that apply)**:

- ☒ Other Muscular/Spinal/Joint/Bone Disorders – Hospitalized
- ☒ Other Muscular/Spinal/Joint/Bone Disorders – Medications
- ☒ None of the above

Have you had surgery or been hospitalized for more than 24 hours in the past six months or are you taking any medications for **(check all that apply)**:

- ☒ Osteoporosis – Hospitalized
  - ☒ Osteoporosis – Medications
  - ☒ None of the above
- 

### Stroke

**Check all that apply:**

- ☒ TIA: Mini-Stroke
    - ☒ Single Occurrence
    - ☒ More than five years since last occurrence
    - ☒ None of the above
  - ☒ Cerebrovascular Accident (CVA)/Stroke
    - ☒ Single Occurrence
    - ☒ None of the above
  - ☒ Other
    - ☒ Single Occurrence
    - ☒ More than 10 years since last occurrence
    - ☒ None of the above
- 

## Question 9 – Hospitalized

Have you, in the past 12 months, been hospitalized for 24 or more consecutive hours?

- ☐ Yes ☐ No

**Check all that apply:**

- ☒ Accident:
    - ☒ Waiting for Diagnosis
    - ☒ Waiting for Test Results
    - ☒ Additional Tests Needed
    - ☒ None of the above
  - ☒ Illness:
    - ☒ Waiting for Diagnosis
    - ☒ Waiting for Test Results
    - ☒ Additional Tests Needed
    - ☒ None of the above
  - ☒ Medical Conditions:
    - ☒ Waiting for Diagnosis
    - ☒ Waiting for Test Results
    - ☒ Additional Tests Needed
    - ☒ None of the above
  - ☒ Pregnancy:
    - ☒ Currently pregnant
      - ☒ Current complications
      - ☒ Complications with previous pregnancies
    - ☒ Delivered in the past 12 months
  - ☒ None of the above
- 

## Question 9 – Pending

Have you scheduled or been advised to have, a surgical operation, diagnostic test, or evaluation that has not been completed?

- ☐ Yes ☐ No

**Check all that apply:**

- ☒ Pregnancy Related
  - ☒ Complications with current pregnancy
  - ☒ Complications with past pregnancies
  - ☒ Currently Pregnant
  - ☒ Received regular checkups/tests related to the pregnancy
- ☒ Orthopedic Surgery/Testing
  - ☒ Testing
  - ☒ Surgery planned
    - ☒ Knee/shoulder/ankle/elbow
    - ☒ Hand/Arm/Other Extremities
    - ☒ broken bone (excluding spinal injury)
  - ☒ Hip
  - ☒ Spinal
  - ☒ Other
- ☒ Routine Checkup
  - ☒ Scheduled
  - ☒ Awaiting results
  - ☒ Advised to have additional testing/Referral to another physician
- ☒ Other surgery/Test
- ☒ None of the above

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## Question 10 – HIV

Have you ever been treated for, been hospitalized for, or been diagnosed by a member of the medical profession as having HIV (Human Immunodeficiency Virus) antibodies or antigens or AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex) or any immune deficiency disorder, or have you tested positive for HIV antibodies or antigens?

- ☐ Yes ☐ No

**Check all that apply:**

- ☒ Treated/Hospitalized/Diagnosed with HIV antibodies or antigens
- ☒ Treated/Hospitalized/Diagnosed with AIDS
- ☒ Treated/Hospitalized/Diagnosed with ARC
- ☒ Treated/Hospitalized/Diagnosed with any other immune deficiency disorder
- ☒ Tested Positive for HIV antibodies or antigens

## CA State Variation

Have you ever been treated for, been hospitalized for, or been diagnosed by a member of the medical profession as having HIV (Human Immunodeficiency Virus) antibodies or antigens or AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex), or have you tested positive for HIV antibodies or antigens? (You need only reveal results of HIV tests taken for the purpose of obtaining insurance.) **Check all that apply:**

- ☒ Treated/Hospitalized/Diagnosed with HIV antibodies or antigens (You need only reveal results of HIV tests taken for the purpose of obtaining insurance.)
- ☒ Treated/Hospitalized/Diagnosed with AIDS
- ☒ Treated/Hospitalized/Diagnosed with ARC
- ☒ Tested Positive for HIV antibodies or antigens (You need only reveal results of HIV tests taken for the purpose of obtaining insurance.)

## WI State Variation

Have you ever been treated for, been hospitalized for, or been diagnosed by a member of the medical profession as having HIV (Human Immunodeficiency Virus) antibodies or antigens or AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex) or any immune deficiency disorder, or have you tested positive for HIV antibodies or antigens? (You need disclose only results of an FDA-licensed test given by a member of the medical profession and need not disclose test results received at anonymous counseling and testing sites or the results of a home test kit.)

**Check all that apply:**

## ND State Variation

Have you ever been treated for, been hospitalized for, or been diagnosed by a member of the medical profession as having AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex) or any immune deficiency disorder?

**Check all that apply:**

Also remove check boxes above "Treated/Hospitalized/Diagnosed with HIV antibodies or antigens" and "Tested Positive for HIV antibodies or antigens" (referring to antibodies or antigens)

## IN/OR State Variation

Have you in the past 10 years been treated for, been hospitalized for, or been diagnosed by a member of the medical profession as

having HIV (Human Immunodeficiency Virus) antibodies or antigens or AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex) or any immune deficiency disorder, or have you tested positive for HIV antibodies or antigens? **Check all that apply:**

### IL State Variation

Have you ever been treated for, been hospitalized for, or been diagnosed by a member of the medical profession as having HIV (Human Immunodeficiency Virus) antibodies or antigens or AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex) or any immune deficiency disorder, or have you tested positive for HIV antibodies or antigens? (You need only disclose results of an FDA-licensed test given by a member of the medical profession and need not disclose test results received at anonymous counseling and testing sites or the results of a home test kit.)

**Check all that apply:**

---

### Questions For Ages 66-80

---

Have you, within the past 12 months, been confined to, or been advised to use the services of:

☒ Yes ☒ No

**Check all that apply:**

- ☒ Adult Day Care Facility
- ☒ Assisted Living Facility
- ☒ Home Health Care Services
- ☒ Nursing Home
- ☒ Residential Care Facility

---

Do you require the assistance or supervision of another person or device of any kind for:

☒ Yes ☒ No

**Check all that apply:**

- ☒ Getting in/out of bed or chair
- ☒ Self-care (such as eating/dressing/bathing)
- ☒ Walking (such as use of walker/wheelchair/scooter)
  - ☒ Use of walker
  - ☒ Use of wheelchair or scooter
  - ☒ None of the above

---

Do you require assistance or supervision of another person to perform:

☒ Yes ☒ No

**Check all that apply:**

- ☒ Doing Laundry
- ☒ Making Financial/Banking Decisions
- ☒ Housekeeping
- ☒ Making Telephone Calls
- ☒ Preparing Meals
- ☒ Shopping
- ☒ Taking Medications

---

Do you participate in activities outside the home?

☒ Yes ☒ No

---

Have you seen a physician within the past two years?

☒ Yes ☒ No

- ☒ Within past 12 months
- ☒ More than 12 months ago

---

Have you, in the past six months, experienced an unintentional or unexplained weight loss, not due to increase in exercise or intentional change in diet?

☒ Yes ☒ No

- ☒ 1 – 10 pounds
- ☒ 11 – 20 pounds
- ☒ 21 pounds or greater

---

Have you had two or more falls in the past 12 months?

☒ Yes ☒ No

---

### Waiver of Premium and Accidental Death Benefit Rider Question

---

Have you, in the past five years, been disabled, received disability income benefits, or been unable to work or perform and carry out

---

your normal daily functions and activities?

☒ Yes ☒ No

---

**Check all that apply:**

- ☒ Anxiety
- ☒ Atrial Fibrillation
- ☒ Back Pain
- ☒ Broken Bones
- ☒ Bunionectomy
- ☒ Cosmetic Surgery
- ☒ Depression
- ☒ Dislocated Joints
- ☒ Hernia Surgery
- ☒ Motor Vehicle Accident
- ☒ Neck Pain
- ☒ Paraplegia
- ☒ Post-Traumatic Stress Disorder
- ☒ Pregnancy
- ☒ Rheumatoid Arthritis
- ☒ Shingles
- ☒ Tonsillectomy
- ☒ Other

---

**Owner Benefit Information**

Have you, the proposed Policy Owner, in the past five years, received any treatment or medication for, or been diagnosed as having any kind of:

☒ Yes ☒ No

---

**Check all that apply:**

- ☒ Appendicitis
  - ☒ treated and resolved
  - ☒ not treated or not resolved
- ☒ Cancer or Tumor
- ☒ Diabetes
- ☒ Disability including receiving disability income benefits
- ☒ Drug or Alcohol Dependency
- ☒ Gastric Reflux
- ☒ Hernia
  - ☒ treated and resolved
  - ☒ Not treated or not resolved
- ☒ Pneumonia
  - ☒ treated and resolved
  - ☒ not treated or not resolved
- ☒ Pregnancy
- ☒ Stroke

or have you ever had any disease or disorder of the:

**Check all that Apply**

- ☒ Heart
- ☒ Immune System
- ☒ Kidney
- ☒ Liver
- ☒ Lungs

---

**Children's Insurance Rider**

Has any child ever had, been treated, or hospitalized for any of the following:

☒ Yes ☒ No

---

**Check all that apply:**

- ☒ Appendicitis
  - ☒ treated and resolved
  - ☒ not treated or not resolved
- ☒ Asthma
- ☒ Cancer
- ☒ Congenital or birth disorder
- ☒ Diabetes
- ☒ Heart disorder
- ☒ Hernia

- ☒ Leukemia
- ☒ Premature Birth
- ☒ RSV (Respiratory Syncytial Virus)
- ☒ Scoliosis
- ☒ Seizures
- ☒ Tonsillectomy
- ☒ Tubes in Ears
- ☒ Tumor
- ☒ Other Disease or Disorder

## IN / OR State Variation

Has any child during the past 10 years, been treated, or hospitalized for any of the following:

- ☒
- Yes
- ☒
- No

## WI State Variation

Change check box to

- ☒ Other Disease or Disorder (excluding HIV or AIDS)

## Juvenile Plan Information

Do all children in household have at least as much insurance in force or applied for as the proposed insured?

- ☒
- Yes
- ☒
- No

**If No, Check all that apply:**

- ☒ One or more of the children are uninsurable
- ☒ One or more of the children are over the age limit for juvenile coverage
- ☒ One or more children are not in the legal guardianship of the parents, such as in the case of foster children or children who are living in the home and are in the process of being adopted
- ☒ The current face amount on this child was stipulated as part of a court order or divorce decree
- ☒ This child has substantial income or is the financial provider for the family

Do both parents have at least as much insurance in force or applied for as the proposed insured?

- ☒
- Yes
- ☒
- No

**If No, Check all that apply:**

- ☒ one or both parents are uninsurable
- ☒ The child lives in a single-parent household; or parents are divorced or legally separated
- ☒ The parent purchasing the coverage is doing so as part of a court order or divorce decree
- ☒ Grandparents, aunts, or uncles are purchasing insurance on all grandchildren, nephews or nieces
- ☒ Other



## Fraud Warnings and Other Notices

Please review the warning and/or notice applicable to your state, if any.

**Arkansas, Louisiana, New Mexico and West Virginia** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia** – “WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

**Florida** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**Maine** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland** – “Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

**Minnesota Guarantee Association Notice** – *This applies only to the variable funds of life and annuity policies: This policy or contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of this insurer will be available to pay your claim.*

**Missouri** – Suicide is no defense to payment of life insurance benefits nor is suicide while insane a defense to payment of accidental death benefits, if any, under this policy where the policy is issued to a Missouri citizen, unless the insurer can show that the insured intended suicide when s/he applied for the policy, regardless of any language to the contrary in the policy.

**New Jersey** – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio** – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

**Oklahoma** – WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania** – “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

**Tennessee, Virginia and Washington** – “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

### Farmers New World Life Insurance Company

Mercer Island Life Office: 3003 77<sup>th</sup> Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400  
Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975  
Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 (877) 376-8008

**A Life Insurance Illustration for the  
Farmers EssentialLife® Simple Whole Life Policy**  
A Whole Life Insurance Policy  
Policy Form 2008 - 352

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Issued By:  
Farmers New World Life Insurance Company  
3003 77th Avenue SE  
Mercer Island, WA 98040

Designed for  
Valued Client

Presented by  
Joe Farmer

3003 77th Ave. SE  
Mercer Island, WA 98040  
Phone (877)376-8061  
email.address@farmersinsurance.com

Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Narrative Summary**

Valued Client  
Male Age 35 Select Plus  
Excess Credit Option: Paid-Up Additions  
Riders: None

Initial BCP Monthly Premium: \$104.50  
Initial Face Amount: \$100,000

**Basic Life Insurance Illustration**

This is an illustration only. An illustration is not intended to predict actual performance. Interest rates and values set forth in the illustration are not guaranteed.

**Farmers  
EssentialLife  
Whole Life**

The Whole Life Insurance policy being considered offers permanent protection with guaranteed premiums, cash values, and death benefits. This is a whole life insurance policy to attained age 121 with guaranteed level premium payable to attained age 100. During the life of the policy, excess credits may be credited to the policy, but are not guaranteed.

**Premium  
Class**

The premiums required for this coverage have been calculated assuming this policy is issued with a chosen premium class. Actual premiums required for the insurance coverage will ultimately depend on the outcome of the underwriting process, and may vary from what is shown on this illustration. If so, a revised illustration will accompany the insurance contract.

**Death Benefit**

The death benefit provided at issue is sometimes referred to as your face amount. The death benefit is the amount payable in the event of death. The actual amount payable may be decreased by loans or partial surrenders, or increased by additional insurance benefits.

**Contract Premium**

The contract premium is the premium required by the contract to keep the policy in force. The contract premium is guaranteed not to change. Provided the contract premium is paid each year, the initial death benefit is guaranteed to be paid.

**Cash Value**

The amount available to the policyowner on surrender of the policy. Upon surrender, the policy will terminate.

**Excess Credits**

Excess Credits may be credited to this policy, based on future expectations of mortality, investment experience, and expenses. Excess Credits are not guaranteed and are subject to change by the Company. Actual Excess Credits may be more or less favorable than those illustrated. Smaller excess credits may be paid on substandard policies, policies that have outstanding policy loans, and policies with partial surrenders. They are not payable if the policy has been converted to Reduced Paid-Up insurance.

**Excess Credit  
Options**

The policyowner has the following options on how to take the excess credits. They can be:

- used to purchase Paid-Up Additions (paid up whole life insurance)
- applied to reduce the next premium (annually paid premiums only)
- taken in cash, if available

Excess Credits will be used to buy Paid Up Additions unless the policy owner specifically chooses a different option. Variations in excess credits may affect death benefits, cash values, and premium outlays.

**Cost Indices**

The Life Insurance Cost Surrender Index and the Life Insurance Net Payment Index are measures of the relative cost of similar plans of insurance. A low index number represents a lower cost than a higher index number.

**Riders**

No riders are included in this illustration.



Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Numeric Summary**

Valued Client	Initial BCP Monthly Premium: \$104.50
Male Age 35 Select Plus	Initial Face Amount: \$100,000
Excess Credit Option: Paid-Up Additions	
Riders: None	

-----Guaranteed-----				-----Non-Guaranteed Values -----							
				-----Mid-Point-----				-----Current-----			
Year	Contract Premium	Cash Value	Death Benefit	Contract Premium	Excess Credits	Cash Value	Death Benefit	Contract Premium	Excess Credits	Cash Value	Death Benefit
5	1,254	2,585	100,000	1,254	40	2,598	100,514	1,254	79	2,612	101,028
10	1,254	8,183	100,000	1,254	61	8,313	101,583	1,254	121	8,442	103,166
20	1,254	22,136	100,000	1,254	113	23,099	104,352	1,254	226	24,063	108,703
Age 70	1,254	50,299	100,000	1,254	219	55,266	109,876	1,254	437	60,234	119,751

**Guaranteed Values**     These policy values and benefits are guaranteed, providing the Contract Premiums are paid in full each year.

**Mid-Point Values**     These policy values and benefits are based on 50% of the Company's current excess credit scale which is not guaranteed. Any outstanding loan and loan interest will reduce the death benefit and cash value. Premiums are assumed to be paid when scheduled and policy values are illustrated as of the end of the policy year.

**Current Values**     These policy values and benefits are based on the Company's current excess credit scale, which is not guaranteed. Actual results may be more or less favorable. Assumptions on which they are based are subject to change by the Company.

I (we) have received a copy of this illustration and understand that this illustration assumes that the current illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur and actual results may be more or less favorable than those shown.

\_\_\_\_\_  
Policy Owner

\_\_\_\_\_  
Date

I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration.

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date

*This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to terms and conditions of the policy. The benefits and values shown in the columns labeled Non-Guaranteed Values are not guaranteed. Actual results may be more or less favorable. The assumptions on which they are based are not likely to continue unchanged for the years shown, and are subject to change by the insurer for any reason, including variations in the Company's death claims, investment earnings, and expenses. This illustration is not valid without all 10 pages.*

Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Tabular Detail - Guaranteed Values**

Valued Client  
Male Age 35 Select Plus  
Excess Credit Option: Paid-Up Additions  
Riders: None

Initial BCP Monthly Premium: \$104.50  
Initial Face Amount: \$100,000

Guaranteed Values									
Age	Year	Annual Contract Premium	Total Premium Outlay	Excess Credits	PUA Amount	PUA Cash Value	Total Cash Value	Reduced Paid-Up	Death Benefit
36	1	1,254	1,254	0	0	0	0	0	100,000
37	2	1,254	1,254	0	0	0	0	0	100,000
38	3	1,254	1,254	0	0	0	583	2,800	100,000
39	4	1,254	1,254	0	0	0	1,566	7,300	100,000
40	5	1,254	1,254	0	0	0	2,585	11,600	100,000
41	6	1,254	1,254	0	0	0	3,639	15,700	100,000
42	7	1,254	1,254	0	0	0	4,726	19,600	100,000
43	8	1,254	1,254	0	0	0	5,846	23,400	100,000
44	9	1,254	1,254	0	0	0	6,998	27,000	100,000
45	10	1,254	1,254	0	0	0	8,183	30,400	100,000
46	11	1,254	1,254	0	0	0	9,399	33,800	100,000
47	12	1,254	1,254	0	0	0	10,650	36,900	100,000
48	13	1,254	1,254	0	0	0	11,941	40,000	100,000
49	14	1,254	1,254	0	0	0	13,277	42,900	100,000
50	15	1,254	1,254	0	0	0	14,658	45,800	100,000
51	16	1,254	1,254	0	0	0	16,081	48,500	100,000
52	17	1,254	1,254	0	0	0	17,544	51,100	100,000
53	18	1,254	1,254	0	0	0	19,042	53,600	100,000
54	19	1,254	1,254	0	0	0	20,575	56,000	100,000
55	20	1,254	1,254	0	0	0	22,136	58,300	100,000
56	21	1,254	1,254	0	0	0	23,723	60,400	100,000
57	22	1,254	1,254	0	0	0	25,337	62,500	100,000
58	23	1,254	1,254	0	0	0	26,984	64,500	100,000
59	24	1,254	1,254	0	0	0	28,667	66,400	100,000
60	25	1,254	1,254	0	0	0	30,383	68,200	100,000
61	26	1,254	1,254	0	0	0	32,124	69,900	100,000
62	27	1,254	1,254	0	0	0	33,883	71,600	100,000
63	28	1,254	1,254	0	0	0	35,653	73,100	100,000
64	29	1,254	1,254	0	0	0	37,430	74,600	100,000
65	30	1,254	1,254	0	0	0	39,217	76,000	100,000
66	31	1,254	1,254	0	0	0	41,016	77,400	100,000
67	32	1,254	1,254	0	0	0	42,833	78,600	100,000
68	33	1,254	1,254	0	0	0	44,670	79,900	100,000
69	34	1,254	1,254	0	0	0	46,529	81,100	100,000
70	35	1,254	1,254	0	0	0	48,408	82,200	100,000
71	36	1,254	1,254	0	0	0	50,299	83,300	100,000
72	37	1,254	1,254	0	0	0	52,189	84,300	100,000
73	38	1,254	1,254	0	0	0	54,065	85,300	100,000
74	39	1,254	1,254	0	0	0	55,931	86,200	100,000
75	40	1,254	1,254	0	0	0	57,789	87,100	100,000

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Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Tabular Detail - Guaranteed Values**

Valued Client Male Age 35 Select Plus Excess Credit Option: Paid-Up Additions Riders: None	Initial BCP Monthly Premium: \$104.50 Initial Face Amount: \$100,000
---	---

Guaranteed Values									
Age	Year	Annual Contract Premium	Total Premium Outlay	Excess Credits	PUA Amount	PUA Cash Value	Total Cash Value	Reduced Paid-Up	Death Benefit
76	41	1,254	1,254	0	0	0	59,638	87,900	100,000
77	42	1,254	1,254	0	0	0	61,472	88,700	100,000
78	43	1,254	1,254	0	0	0	63,280	89,500	100,000
79	44	1,254	1,254	0	0	0	65,047	90,200	100,000
80	45	1,254	1,254	0	0	0	66,766	90,800	100,000
81	46	1,254	1,254	0	0	0	68,429	91,500	100,000
82	47	1,254	1,254	0	0	0	70,035	92,000	100,000
83	48	1,254	1,254	0	0	0	71,589	92,600	100,000
84	49	1,254	1,254	0	0	0	73,089	93,100	100,000
85	50	1,254	1,254	0	0	0	74,528	93,600	100,000
86	51	1,254	1,254	0	0	0	75,898	94,000	100,000
87	52	1,254	1,254	0	0	0	77,188	94,400	100,000
88	53	1,254	1,254	0	0	0	78,396	94,800	100,000
89	54	1,254	1,254	0	0	0	79,520	95,100	100,000
90	55	1,254	1,254	0	0	0	80,559	95,400	100,000
91	56	1,254	1,254	0	0	0	81,532	95,700	100,000
92	57	1,254	1,254	0	0	0	82,459	96,000	100,000
93	58	1,254	1,254	0	0	0	83,345	96,300	100,000
94	59	1,254	1,254	0	0	0	84,195	96,600	100,000
95	60	1,254	1,254	0	0	0	85,015	96,900	100,000
96	61	1,254	1,254	0	0	0	85,833	97,200	100,000
97	62	1,254	1,254	0	0	0	86,697	97,600	100,000
98	63	1,254	1,254	0	0	0	87,652	98,100	100,000
99	64	1,254	1,254	0	0	0	88,782	98,900	100,000
100	65	1,254	1,254	0	0	0	90,236	100,000	100,000
101	66	0	0	0	0	0	90,606	100,000	100,000
102	67	0	0	0	0	0	90,969	100,000	100,000
103	68	0	0	0	0	0	91,324	100,000	100,000
104	69	0	0	0	0	0	91,669	100,000	100,000
105	70	0	0	0	0	0	92,004	100,000	100,000
106	71	0	0	0	0	0	92,331	100,000	100,000
107	72	0	0	0	0	0	92,649	100,000	100,000
108	73	0	0	0	0	0	92,958	100,000	100,000
109	74	0	0	0	0	0	93,257	100,000	100,000
110	75	0	0	0	0	0	93,548	100,000	100,000
111	76	0	0	0	0	0	93,829	100,000	100,000
112	77	0	0	0	0	0	94,100	100,000	100,000
113	78	0	0	0	0	0	94,362	100,000	100,000
114	79	0	0	0	0	0	94,615	100,000	100,000
115	80	0	0	0	0	0	94,858	100,000	100,000

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Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Tabular Detail - Guaranteed Values**

Valued Client Male Age 35 Select Plus Excess Credit Option: Paid-Up Additions Riders: None	Initial BCP Monthly Premium: \$104.50 Initial Face Amount: \$100,000
---	---

Guaranteed Values									
Age	Year	Annual Contract Premium	Total Premium Outlay	Excess Credits	PUA Amount	PUA Cash Value	Total Cash Value	Reduced Paid-Up	Death Benefit
116	81	0	0	0	0	0	95,091	100,000	100,000
117	82	0	0	0	0	0	95,315	100,000	100,000
118	83	0	0	0	0	0	95,530	100,000	100,000
119	84	0	0	0	0	0	95,735	100,000	100,000
120	85	0	0	0	0	0	95,924	100,000	100,000
121	86	0	0	0	0	0	100,000	100,000	100,000

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Agent: Joe Farmer  
 October 31, 2008

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Page: 6 of 10

FD

Net Version  
 State: Any

Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Tabular Detail - Current Non-Guaranteed Values**

Valued Client  
Male Age 35 Select Plus  
Excess Credit Option: Paid-Up Additions  
Riders: None

Initial BCP Monthly Premium: \$104.50  
Initial Face Amount: \$100,000

Current Non-Guaranteed Values									
Age	Year	Annual Contract Premium	Total Premium Outlay	Excess Credits	PUA Amount	PUA Cash Value	Total Cash Value	Reduced Paid-Up	Death Benefit
36	1	1,254	1,254	0	0	0	0	0	100,000
37	2	1,254	1,254	0	0	0	0	0	100,000
38	3	1,254	1,254	64	318	2	585	3,118	100,318
39	4	1,254	1,254	72	663	10	1,576	7,963	100,663
40	5	1,254	1,254	79	1,028	27	2,612	12,628	101,028
41	6	1,254	1,254	87	1,415	52	3,691	17,115	101,415
42	7	1,254	1,254	95	1,823	86	4,812	21,423	101,823
43	8	1,254	1,254	104	2,253	132	5,978	25,653	102,253
44	9	1,254	1,254	112	2,700	189	7,187	29,700	102,700
45	10	1,254	1,254	121	3,166	259	8,442	33,566	103,166
46	11	1,254	1,254	130	3,649	343	9,742	37,449	103,649
47	12	1,254	1,254	140	4,151	442	11,092	41,051	104,151
48	13	1,254	1,254	150	4,670	558	12,499	44,670	104,670
49	14	1,254	1,254	160	5,205	691	13,968	48,105	105,205
50	15	1,254	1,254	170	5,754	843	15,501	51,554	105,754
51	16	1,254	1,254	181	6,318	1,016	17,097	54,818	106,318
52	17	1,254	1,254	192	6,896	1,210	18,754	57,996	106,896
53	18	1,254	1,254	203	7,487	1,426	20,468	61,087	107,487
54	19	1,254	1,254	214	8,089	1,664	22,239	64,089	108,089
55	20	1,254	1,254	226	8,703	1,927	24,063	67,003	108,703
56	21	1,254	1,254	238	9,329	2,213	25,936	69,729	109,329
57	22	1,254	1,254	250	9,965	2,525	27,862	72,465	109,965
58	23	1,254	1,254	262	10,611	2,863	29,847	75,111	110,611
59	24	1,254	1,254	275	11,268	3,230	31,897	77,668	111,268
60	25	1,254	1,254	288	11,934	3,626	34,009	80,134	111,934
61	26	1,254	1,254	301	12,609	4,051	36,175	82,509	112,609
62	27	1,254	1,254	314	13,292	4,504	38,387	84,892	113,292
63	28	1,254	1,254	327	13,982	4,985	40,638	87,082	113,982
64	29	1,254	1,254	341	14,681	5,495	42,925	89,281	114,681
65	30	1,254	1,254	354	15,386	6,034	45,251	91,386	115,386
66	31	1,254	1,254	368	16,099	6,603	47,619	93,499	116,099
67	32	1,254	1,254	381	16,818	7,203	50,036	95,418	116,818
68	33	1,254	1,254	395	17,542	7,836	52,506	97,442	117,542
69	34	1,254	1,254	409	18,273	8,502	55,031	99,373	118,273
70	35	1,254	1,254	423	19,010	9,202	57,610	101,210	119,010
71	36	1,254	1,254	437	19,751	9,935	60,234	103,051	119,751
72	37	1,254	1,254	451	20,497	10,697	62,886	104,797	120,497
73	38	1,254	1,254	465	21,248	11,488	65,553	106,548	121,248
74	39	1,254	1,254	479	22,003	12,307	68,238	108,203	122,003
75	40	1,254	1,254	493	22,763	13,154	70,943	109,863	122,763

Please Refer to the Tabular Detail - Guaranteed Values page for guaranteed elements.

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Agent: Joe Farmer  
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Net Version  
State: Any

Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Tabular Detail - Current Non-Guaranteed Values**

Valued Client Male Age 35 Select Plus Excess Credit Option: Paid-Up Additions Riders: None	Initial BCP Monthly Premium: \$104.50 Initial Face Amount: \$100,000
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Current Non-Guaranteed Values									
Age	Year	Annual Contract Premium	Total Premium Outlay	Excess Credits	PUA Amount	PUA Cash Value	Total Cash Value	Reduced Paid-Up	Death Benefit
76	41	1,254	1,254	507	23,526	14,031	73,669	111,426	123,526
77	42	1,254	1,254	521	24,294	14,934	76,406	112,994	124,294
78	43	1,254	1,254	535	25,066	15,862	79,142	114,566	125,066
79	44	1,254	1,254	548	25,840	16,808	81,855	116,040	125,840
80	45	1,254	1,254	561	26,617	17,771	84,537	117,417	126,617
81	46	1,254	1,254	573	27,397	18,747	87,176	118,897	127,397
82	47	1,254	1,254	585	28,178	19,734	89,769	120,178	128,178
83	48	1,254	1,254	597	28,962	20,734	92,323	121,562	128,962
84	49	1,254	1,254	608	29,748	21,742	94,831	122,848	129,748
85	50	1,254	1,254	619	30,536	22,758	97,286	124,136	130,536
86	51	1,254	1,254	629	31,325	23,775	99,673	125,325	131,325
87	52	1,254	1,254	639	32,116	24,790	101,978	126,516	132,116
88	53	1,254	1,254	648	32,908	25,799	104,195	127,708	132,908
89	54	1,254	1,254	656	33,701	26,799	106,319	128,801	133,701
90	55	1,254	1,254	664	34,494	27,788	108,347	129,894	134,494
91	56	1,254	1,254	671	35,289	28,772	110,304	130,989	135,289
92	57	1,254	1,254	678	36,084	29,755	112,214	132,084	136,084
93	58	1,254	1,254	685	36,881	30,739	114,084	133,181	136,881
94	59	1,254	1,254	691	37,679	31,724	115,919	134,279	137,679
95	60	1,254	1,254	698	38,479	32,713	117,728	135,379	138,479
96	61	1,254	1,254	704	39,281	33,716	119,549	136,481	139,281
97	62	1,254	1,254	710	40,084	34,752	121,449	137,684	140,084
98	63	1,254	1,254	717	40,891	35,842	123,494	138,991	140,891
99	64	1,254	1,254	726	41,703	37,025	125,807	140,603	141,703
100	65	1,254	1,254	737	42,524	38,372	128,608	142,524	142,524
101	66	0	0	0	42,524	38,529	129,135	142,524	142,524
102	67	0	0	0	42,524	38,683	129,652	142,524	142,524
103	68	0	0	0	42,524	38,834	130,158	142,524	142,524
104	69	0	0	0	42,524	38,981	130,650	142,524	142,524
105	70	0	0	0	42,524	39,124	131,128	142,524	142,524
106	71	0	0	0	42,524	39,263	131,594	142,524	142,524
107	72	0	0	0	42,524	39,398	132,047	142,524	142,524
108	73	0	0	0	42,524	39,529	132,487	142,524	142,524
109	74	0	0	0	42,524	39,656	132,913	142,524	142,524
110	75	0	0	0	42,524	39,780	133,328	142,524	142,524
111	76	0	0	0	42,524	39,900	133,729	142,524	142,524
112	77	0	0	0	42,524	40,015	134,115	142,524	142,524
113	78	0	0	0	42,524	40,126	134,488	142,524	142,524
114	79	0	0	0	42,524	40,234	134,849	142,524	142,524
115	80	0	0	0	42,524	40,337	135,195	142,524	142,524

Please Refer to the Tabular Detail - Guaranteed Values page for guaranteed elements.  
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Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Tabular Detail - Current Non-Guaranteed Values**

Valued Client Male Age 35 Select Plus Excess Credit Option: Paid-Up Additions Riders: None	Initial BCP Monthly Premium: \$104.50 Initial Face Amount: \$100,000
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Current Non-Guaranteed Values									
<u>Age</u>	<u>Year</u>	<u>Annual Contract Premium</u>	<u>Total Premium Outlay</u>	<u>Excess Credits</u>	<u>PUA Amount</u>	<u>PUA Cash Value</u>	<u>Total Cash Value</u>	<u>Reduced Paid-Up</u>	<u>Death Benefit</u>
116	81	0	0	0	42,524	40,436	135,527	142,524	142,524
117	82	0	0	0	42,524	40,532	135,847	142,524	142,524
118	83	0	0	0	42,524	40,623	136,153	142,524	142,524
119	84	0	0	0	42,524	40,710	136,445	142,524	142,524
120	85	0	0	0	42,524	40,790	136,714	142,524	142,524
121	86	0	0	0	42,524	42,524	142,524	142,524	142,524

Please Refer to the Tabular Detail - Guaranteed Values page for guaranteed elements.

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 October 31, 2008

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Net Version  
 State: Any

Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Supplemental Information**

Valued Client  
Male Age 35 Select Plus  
Excess Credit Option: Paid-Up Additions  
Riders: None

Initial BCP Monthly Premium: \$104.50  
Initial Face Amount: \$100,000

These indices are computed by the formulae as prescribed by the National Association of Insurance Commissioners, and reflect the time value of money at 5%. These indices do not include the cost of additional benefits.

	Life Insurance Cost Information			
	Net Payment Cost Index		Surrender Cost Index	
	Guaranteed	Non-guaranteed	Guaranteed	Non-guaranteed
Year 10	12.54	12.39	6.34	6.08
Year 20	12.54	12.18	6.16	5.45

At the time of issue and after issue as illustrated, this policy complies with Section 7702A of the Internal Revenue Code so that it will not be a Modified Endowment Contract.

This illustration complies with the definition of life insurance in I.R.C. Sec. 7702. The tax status of this policy as it applies to the policy owner should be reviewed each year. This illustration is not to be relied on for tax advice. Your personal legal and tax advisors should always be consulted.

PREMIUM INFORMATION

Premiums in this illustration as assumed to be paid on a BCP Monthly basis

<u>Coverage</u>	<u>BCP Monthly Premium</u>
Base Policy	\$104.50

As a customer who has other insurance coverages with Farmers, this illustration reflects a customer discount in the premiums paid for the Base Policy. The annual amount of this discount is \$76.00.



**A Life Insurance Illustration for the  
Farmers EssentialLife® Simple Whole Life Policy**  
**A Whole Life Insurance Policy**  
Policy Form 2008 - 354

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Issued By:  
Farmers New World Life Insurance Company  
3003 77th Avenue SE  
Mercer Island, WA 98040

Designed for  
Valued Client

Presented by  
Joe Farmer

3003 77th Ave. SE  
Mercer Island, WA 98040  
Phone (877)376-8061  
email.address@farmersinsurance.com

Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Narrative Summary**

Valued Client	Single Premium: \$23,004.00
Male Age 35 Select Plus	Initial Face Amount: \$100,000
Excess Credit Option: Paid-Up Additions	
Riders: None	

Basic Life Insurance Illustration

	This is an illustration only. An illustration is not intended to predict actual performance. Interest rates and values set forth in the illustration are not guaranteed.
<b>Farmers EssentialLife Whole Life</b>	The Whole Life Insurance policy being considered offers permanent protection with guaranteed premiums, cash values, and death benefits. This is a whole life insurance policy to attained age 121 with a single premium payment. During the life of the policy, excess credits may be credited to the policy, but are not guaranteed.
<b>Premium Class</b>	The single premium required for this coverage has been calculated assuming this policy is issued with a chosen premium class. The actual premium required for the insurance coverage will ultimately depend on the outcome of the underwriting process, and may vary from what is shown on this illustration. If so, a revised illustration will accompany the insurance contract.
<b>Death Benefit</b>	The death benefit provided at issue is sometimes referred to as your face amount. The death benefit is the amount payable in the event of death. The actual amount payable may be decreased by loans or partial surrenders, or increased by additional insurance benefits.
<b>Single Premium</b>	The single premium is the premium required to issue the policy. Provided the single premium is paid, the initial death benefit is guaranteed to be paid if the policy is not terminated and no policy loans are taken.
<b>Cash Value</b>	The amount available to the policyowner on surrender of the policy. Upon surrender, the policy will terminate.
<b>Excess Credits</b>	Excess Credits may be credited to this policy, based on future expectations of mortality, investment experience, and expenses. Excess Credits are not guaranteed and are subject to change by the Company. Actual Excess Credits may be more or less favorable than those illustrated. Smaller excess credits may be paid on substandard policies, policies that have outstanding policy loans, and policies with partial surrenders.
<b>Excess Credit Options</b>	<p>The policyowner has the following options on how to take the excess credits. They can be:</p> <ul style="list-style-type: none"><li>• used to purchase Paid-Up Additions (paid up whole life insurance)</li><li>• taken in cash, if available</li></ul> <p>Excess Credits will be used to buy Paid Up Additions unless the policy owner specifically chooses a different option. Variations in excess credits may affect death benefits and cash values.</p>
<b>Cost Indices</b>	The Life Insurance Cost Surrender Index and the Life Insurance Net Payment Index are measures of the relative cost of similar plans of insurance. A low index number represents a lower cost than a higher index number.
<b>Riders</b>	No riders are included in this illustration.

Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Numeric Summary**

Valued Client	Single Premium: \$23,004.00
Male Age 35 Select Plus	Initial Face Amount: \$100,000
Excess Credit Option: Paid-Up Additions	
Riders: None	

-----Guaranteed-----				-----Non-Guaranteed Values-----							
Year	Single Premium	Cash Value	Death Benefit	-----Mid-Point-----				-----Current-----			
				Single Premium	Excess Credits	Cash Value	Death Benefit	Single Premium	Excess Credits	Cash Value	Death Benefit
5	0	21,656	100,000	0	1,250	101,250	#REF!	0	500	22,197	#REF!
10	0	25,979	100,000	0	2,500	102,500	#REF!	0	500	27,278	#REF!
20	0	36,784	100,000	0	5,000	105,000	#REF!	0	500	40,463	#REF!
Age 70	0	58,934	100,000	0	9,000	109,000	#REF!	0	500	69,542	#REF!

**Guaranteed Values**      These policy values and benefits are guaranteed.

**Mid-Point Values**      These policy values and benefits are based on 50% of the Company's current excess credit scale which is not guaranteed. Any outstanding loan and loan interest will reduce the death benefit and cash value. Policy values are illustrated as of the end of the policy year.

**Current Values**      These policy values and benefits are based on the Company's current excess credit scale, which is not guaranteed. Actual results may be more or less favorable. Assumptions on which they are based are subject to change by the Company.

I (we) have received a copy of this illustration and understand that this illustration assumes that the current illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur and actual results may be more or less favorable than those shown.

\_\_\_\_\_  
Policy Owner

\_\_\_\_\_  
Date

I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration.

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date

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Agent: Joe Farmer  
October 31, 2008

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Net Version  
State: Any

Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Tabular Detail - Guaranteed Values**

Valued Client  
Male Age 35 Select Plus  
Excess Credit Option: Paid-Up Additions  
Riders: None

Single Premium: \$23,004.00  
Initial Face Amount: \$100,000

Guaranteed Values								
Age	Year	Single Premium	Total Premium Outlay	Excess Credits	PUA Amount	PUA Cash Value	Total Cash Value	Death Benefit
36	1	23,004	23,004	0	0	0	18,682	100,000
37	2	0	0	0	0	0	19,385	100,000
38	3	0	0	0	0	0	20,116	100,000
39	4	0	0	0	0	0	20,873	100,000
40	5	0	0	0	0	0	21,656	100,000
			0					
41	6	0	0	0	0	0	22,467	100,000
42	7	0	0	0	0	0	23,305	100,000
43	8	0	0	0	0	0	24,170	100,000
44	9	0	0	0	0	0	25,062	100,000
45	10	0	0	0	0	0	25,979	100,000
46	11	0	0	0	0	0	26,921	100,000
47	12	0	0	0	0	0	27,889	100,000
48	13	0	0	0	0	0	28,885	100,000
49	14	0	0	0	0	0	29,912	100,000
50	15	0	0	0	0	0	30,975	100,000
51	16	0	0	0	0	0	32,075	100,000
52	17	0	0	0	0	0	33,207	100,000
53	18	0	0	0	0	0	34,371	100,000
54	19	0	0	0	0	0	35,564	100,000
55	20	0	0	0	0	0	36,784	100,000
56	21	0	0	0	0	0	38,026	100,000
57	22	0	0	0	0	0	39,289	100,000
58	23	0	0	0	0	0	40,574	100,000
59	24	0	0	0	0	0	41,884	100,000
60	25	0	0	0	0	0	43,224	100,000
61	26	0	0	0	0	0	44,589	100,000
62	27	0	0	0	0	0	45,975	100,000
63	28	0	0	0	0	0	47,375	100,000
64	29	0	0	0	0	0	48,783	100,000
65	30	0	0	0	0	0	50,197	100,000
66	31	0	0	0	0	0	51,619	100,000
67	32	0	0	0	0	0	53,051	100,000
68	33	0	0	0	0	0	54,497	100,000
69	34	0	0	0	0	0	55,958	100,000
70	35	0	0	0	0	0	57,438	100,000
71	36	0	0	0	0	0	58,934	100,000
72	37	0	0	0	0	0	60,438	100,000
73	38	0	0	0	0	0	61,942	100,000
74	39	0	0	0	0	0	63,435	100,000
75	40	0	0	0	0	0	64,920	100,000

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Net Version  
State: Any

Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Tabular Detail - Guaranteed Values**

Valued Client  
Male Age 35 Select Plus  
Excess Credit Option: Paid-Up Additions  
Riders: None

Single Premium: \$23,004.00  
Initial Face Amount: \$100,000

Guaranteed Values								
Age	Year	Single Premium	Total Premium Outlay	Excess Credits	PUA Amount	PUA Cash Value	Total Cash Value	Death Benefit
76	41	0	0	0	0	0	66,398	100,000
77	42	0	0	0	0	0	67,869	100,000
78	43	0	0	0	0	0	69,328	100,000
79	44	0	0	0	0	0	70,766	100,000
80	45	0	0	0	0	0	72,171	100,000
81	46	0	0	0	0	0	73,538	100,000
82	47	0	0	0	0	0	74,860	100,000
83	48	0	0	0	0	0	76,137	100,000
84	49	0	0	0	0	0	77,372	100,000
85	50	0	0	0	0	0	78,564	100,000
86	51	0	0	0	0	0	79,706	100,000
87	52	0	0	0	0	0	80,792	100,000
88	53	0	0	0	0	0	81,814	100,000
89	54	0	0	0	0	0	82,769	100,000
90	55	0	0	0	0	0	83,654	100,000
91	56	0	0	0	0	0	84,470	100,000
92	57	0	0	0	0	0	85,227	100,000
93	58	0	0	0	0	0	85,941	100,000
94	59	0	0	0	0	0	86,614	100,000
95	60	0	0	0	0	0	87,242	100,000
96	61	0	0	0	0	0	87,822	100,000
97	62	0	0	0	0	0	88,363	100,000
98	63	0	0	0	0	0	88,881	100,000
99	64	0	0	0	0	0	89,371	100,000
100	65	0	0	0	0	0	89,827	100,000
101	66	0	0	0	0	0	90,236	100,000
102	67	0	0	0	0	0	90,606	100,000
103	68	0	0	0	0	0	90,969	100,000
104	69	0	0	0	0	0	91,324	100,000
105	70	0	0	0	0	0	91,669	100,000
106	71	0	0	0	0	0	92,004	100,000
107	72	0	0	0	0	0	92,331	100,000
108	73	0	0	0	0	0	92,649	100,000
109	74	0	0	0	0	0	92,958	100,000
110	75	0	0	0	0	0	93,257	100,000
111	76	0	0	0	0	0	93,548	100,000
112	77	0	0	0	0	0	93,829	100,000
113	78	0	0	0	0	0	94,100	100,000
114	79	0	0	0	0	0	94,362	100,000
115	80	0	0	0	0	0	94,615	100,000

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Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Tabular Detail - Guaranteed Values**

Valued Client  
Male Age 35 Select Plus  
Excess Credit Option: Paid-Up Additions  
Riders: None

Single Premium: \$23,004.00  
Initial Face Amount: \$100,000

Guaranteed Values								
Age	Year	Single Premium	Total Premium Outlay	Excess Credits	PUA Amount	PUA Cash Value	Total Cash Value	Death Benefit
116	81	0	0	0	0	0	94,858	100,000
117	82	0	0	0	0	0	95,091	100,000
118	83	0	0	0	0	0	95,315	100,000
119	84	0	0	0	0	0	95,530	100,000
120	85	0	0	0	0	0	95,735	100,000
121	86	0	0	0	0	0	95,924	100,000

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Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Tabular Detail - Current Non-Guaranteed Values**

Valued Client Male Age 35 Select Plus Excess Credit Option: Paid-Up Additions Riders: None	Single Premium: \$23,004.00 Initial Face Amount: \$100,000
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Current Non-Guaranteed Values								
Age	Year	Single Premium	Total Premium Outlay	Excess Credits	PUA Amount	PUA Cash Value	Total Cash Value	Death Benefit
36	1	23,004	23,004	93	500	93	18,775	100,500
37	2	0	0	97	1,000	194	19,579	101,000
38	3	0	0	101	1,500	302	20,418	101,500
39	4	0	0	104	2,000	417	21,290	102,000
40	5	0	0	108	2,500	541	22,197	102,500
41	6	0	0	112	3,000	674	23,141	103,000
42	7	0	0	117	3,500	816	24,121	103,500
43	8	0	0	121	4,000	967	25,137	104,000
44	9	0	0	125	4,500	1,128	26,190	104,500
45	10	0	0	130	5,000	1,299	27,278	105,000
46	11	0	0	135	5,500	1,481	28,402	105,500
47	12	0	0	139	6,000	1,673	29,562	106,000
48	13	0	0	144	6,500	1,878	30,763	106,500
49	14	0	0	150	7,000	2,094	32,006	107,000
50	15	0	0	155	7,500	2,323	33,298	107,500
51	16	0	0	160	8,000	2,566	34,641	108,000
52	17	0	0	166	8,500	2,823	36,030	108,500
53	18	0	0	172	9,000	3,094	37,465	109,000
54	19	0	0	178	9,500	3,379	38,943	109,500
55	20	0	0	184	10,000	3,679	40,463	110,000
56	21	0	0	190	10,500	3,993	42,019	110,500
57	22	0	0	196	11,000	4,322	43,611	111,000
58	23	0	0	203	11,501	4,666	45,240	111,501
59	24	0	0	209	12,001	5,026	46,910	112,001
60	25	0	0	216	12,501	5,403	48,627	112,501
61	26	0	0	223	13,001	5,797	50,386	113,001
62	27	0	0	230	13,501	6,207	52,182	113,501
63	28	0	0	237	14,001	6,633	54,008	114,001
64	29	0	0	244	14,501	7,074	55,857	114,501
65	30	0	0	251	15,001	7,530	57,727	115,001
66	31	0	0	258	15,501	8,001	59,620	115,501
67	32	0	0	265	16,001	8,488	61,539	116,001
68	33	0	0	272	16,501	8,992	63,489	116,501
69	34	0	0	280	17,001	9,513	65,471	117,001
70	35	0	0	287	17,501	10,052	67,490	117,501
71	36	0	0	295	18,001	10,608	69,542	118,001
72	37	0	0	302	18,501	11,181	71,619	118,501
73	38	0	0	310	19,001	11,769	73,711	119,001
74	39	0	0	317	19,501	12,370	75,805	119,501
75	40	0	0	325	20,001	12,984	77,904	120,001

Please Refer to the Tabular Detail - Guaranteed Values page for guaranteed elements.

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Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Tabular Detail - Current Non-Guaranteed Values**

Valued Client Male Age 35 Select Plus Excess Credit Option: Paid-Up Additions Riders: None	Single Premium: \$23,004.00 Initial Face Amount: \$100,000
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Current Non-Guaranteed Values								
Age	Year	Single Premium	Total Premium Outlay	Excess Credits	PUA Amount	PUA Cash Value	Total Cash Value	Death Benefit
76	41	0	0	332	20,501	13,612	80,010	120,501
77	42	0	0	339	21,001	14,253	82,122	121,001
78	43	0	0	347	21,501	14,906	84,234	121,501
79	44	0	0	354	22,001	15,569	86,335	122,001
80	45	0	0	361	22,501	16,239	88,410	122,501
81	46	0	0	368	23,001	16,914	90,452	123,001
82	47	0	0	374	23,501	17,593	92,453	123,501
83	48	0	0	381	24,001	18,273	94,410	124,001
84	49	0	0	387	24,501	18,957	96,329	124,501
85	50	0	0	393	25,001	19,642	98,206	125,001
86	51	0	0	399	25,501	20,326	100,032	125,501
87	52	0	0	404	26,001	21,007	101,799	126,001
88	53	0	0	409	26,501	21,681	103,495	126,501
89	54	0	0	414	27,001	22,348	105,117	127,001
90	55	0	0	418	27,501	23,005	106,659	127,501
91	56	0	0	422	28,001	23,652	108,122	128,001
92	57	0	0	426	28,501	24,290	109,517	128,501
93	58	0	0	430	29,001	24,924	110,865	129,001
94	59	0	0	433	29,501	25,552	112,166	129,501
95	60	0	0	436	30,001	26,173	113,415	130,001
96	61	0	0	439	30,501	26,786	114,608	130,501
97	62	0	0	442	31,001	27,393	115,756	131,001
98	63	0	0	444	31,501	27,998	116,879	131,501
99	64	0	0	447	32,001	28,599	117,970	132,001
100	65	0	0	449	32,501	29,195	119,022	132,501
101	66	0	0	0	32,501	29,327	119,563	132,501
102	67	0	0	0	32,501	29,448	120,054	132,501
103	68	0	0	0	32,501	29,566	120,535	132,501
104	69	0	0	0	32,501	29,681	121,005	132,501
105	70	0	0	0	32,501	29,793	121,462	132,501
106	71	0	0	0	32,501	29,902	121,906	132,501
107	72	0	0	0	32,501	30,008	122,339	132,501
108	73	0	0	0	32,501	30,112	122,761	132,501
109	74	0	0	0	32,501	30,212	123,170	132,501
110	75	0	0	0	32,501	30,309	123,566	132,501
111	76	0	0	0	32,501	30,404	123,952	132,501
112	77	0	0	0	32,501	30,495	124,324	132,501
113	78	0	0	0	32,501	30,583	124,683	132,501
114	79	0	0	0	32,501	30,668	125,030	132,501
115	80	0	0	0	32,501	30,751	125,366	132,501

Please Refer to the Tabular Detail - Guaranteed Values page for guaranteed elements.

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Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Tabular Detail - Current Non-Guaranteed Values**

Valued Client Male Age 35 Select Plus Excess Credit Option: Paid-Up Additions Riders: None	Single Premium: \$23,004.00 Initial Face Amount: \$100,000
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Current Non-Guaranteed Values								
<u>Age</u>	<u>Year</u>	<u>Single</u> <u>Premium</u>	<u>Total</u> <u>Premium</u> <u>Outlay</u>	<u>Excess</u> <u>Credits</u>	<u>PUA</u> <u>Amount</u>	<u>PUA</u> <u>Cash</u> <u>Value</u>	<u>Total</u> <u>Cash</u> <u>Value</u>	<u>Death</u> <u>Benefit</u>
116	81	0	0	0	32,501	30,830	125,688	132,501
117	82	0	0	0	32,501	30,905	125,996	132,501
118	83	0	0	0	32,501	30,978	126,293	132,501
119	84	0	0	0	32,501	31,048	126,578	132,501
120	85	0	0	0	32,501	31,115	126,850	132,501
121	86	0	0	0	32,501	31,176	127,100	132,501

Please Refer to the Tabular Detail - Guaranteed Values page for guaranteed elements.

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Farmers New World Life  
**Farmers EssentialLife® Simple Whole Life Policy**  
**Supplemental Information**

Valued Client	Single Premium: \$23,004.00
Male Age 35 Select Plus	Initial Face Amount: \$100,000
Excess Credit Option: Paid-Up Additions	
Riders: None	

These indices are computed by the formulae as prescribed by the National Association of Insurance Commissioners, and reflect the time value of money at 5%. These indices do not include the cost of additional benefits.

	Life Insurance Cost Information			
	Net Payment Cost Index		Surrender Cost Index	
	Guaranteed	Non-guaranteed	Guaranteed	Non-guaranteed
Year 10	28.37	27.67	8.70	7.53
Year 20	17.58	16.83	6.99	5.67

This policy is a MODIFIED ENDOWMENT CONTRACT (MEC). All distributions made from this policy, whether surrenders, loans, or borrowed loan interest, will be taxable up to the gain in the policy. Prior to age 59 1/2, there will be an additional 10% penalty.

This illustration complies with the definition of life insurance in I.R.C. Sec. 7702. The tax status of this policy as it applies to the policy owner should be reviewed each year. This illustration is not to be relied on for tax advice. Your personal legal and tax advisors should always be consulted.

PREMIUM INFORMATION

<u>Coverage</u>	<u>Single Premium</u>
Base Policy	\$23,004.00

As a customer who has other insurance coverages with Farmers, this illustration reflects a customer discount in the premiums paid for the Base Policy. The amount of this discount is \$1,462.00.